(Date rec'd by registrar)

Registrar

Address.

Reg. Diat. No.

State Zud Count	, alfegany
City or town (If outside city or town limits,	worke RURAL and givn nearest town)
	deison ave
2.(a) If veteran, name war	
Pas acherman	3. (b) Social Security Number 214-05-4755
	RTIFICATION
	19.48 at 6:15P
21. I CER7IFY that death occurred on the date above	e stated; that dattended deceased from
and that I last saw halive on	17 19.85
Immediate cause of death metistic com	none 2 months
y hatt lung	
Due to	The later to
cesimmy	the lundy
Due to Month	
Other conditions	1
(Include pregnancy within 3 m	onths of death)
Major findings of operations	
	Date of op
Autopsy results PHYSICIAN: Please underline the cause to whi	ch death should be charged statistically.
22. VIOLENCE: It death was due to external caus	es, fill in the following:
Accident, suicide, or homicide	Date of
Where did injury occur?(City or town)	(County) (State)
Injured at home, farm, industry, public place (wh	ere?)
Means of Injury	Injured at work?
Mus	in MD

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MARYLAND STATE DEPARTMENT OF HEALTH

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2411 N. Charles	a St., Baltimore
CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
City or town	State Tud county allegany City or town Cumberland
How long in above place of death?	(If outside city of town limits, write RURAL and give nearest town) Sireel No
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME John Clarence	Baldwin 3. (b) Social Security Number 705-05-4995
4. Sex 5. Color of ace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White married	20. DATE OF DEATH. Dec 2 8 1948 at 2 4
6.(b) Name of husband or wife Aeura Proudfoot	21. 1 CERTIFY that death occurred on the date above etated; that I attended deceased from
7. Birth date of S 1 7 7	and that I last saw harmalive on 500 28, 194
deceased (mo., day, yr.) 8. AGE: Years Months Days If lese than one day	Immediate rause of death DURATION
72 3 26hrsmin.	E Carenomatora
9. Birthplace Beryl Muneral Co. W. Va	Due to Myocarditio 2 m
10. Usual occupation	Due to
11. Industry or business 13 1 C. Baldwin	Dither conditions
13. Birthplace woosekyka w. la	(Include pregnancy within 3 months of death)
14. Maiden name Elyalett Sours 40?	Major findings of operations
15. Birthplace St Jours 40:	Date of op.
16. Informant This Saldwin	Autopsy results
Address 121 Race Cumpersant 1948	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date fhereof. (manth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Cumulal Rand	Injured at home, farm, Industry, public place (where?) Meane of injury tnjured at work?
Address Combelland WA	clays. Lurret
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Registrar

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MARYLAND STATE DEPARTMENT OF HEALTH

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WITH UNFADING INK. Supply every item of information careful important. Physicians: please write the causes of death clearly an

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MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)	
County Allegary	A	
(If outside city or town limits, write RURAL and give nearest town)	0- 10 -	
How long in above place of death?	(If outside city or town limita, write RURAL and give nearest town)	
Hospital institution, or street address where death occurred:	Street No. 128 Breenes St.	
allegany Norpital	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) It veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Infant Barbar	n Thore-	
4. Sex 5. Color or race 6.(a)Single married, widowed, or divorced	MEDICAL CERTIFICATION	
Simale White Single	20. DATE OF DEATH DIE 4 19 48 at 7 4	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	Dze. 4 1948 10 Dze-4 1948	
7. Birth date of	and that I last saw h Access alive on DEC. 4 19 4 8	
deceased (mo., day, yr.) NIC 4 1948	Immediate cause of death.	
8. AGE: Years Months Days It less than one day	V rema turity (20 loke gestation) 1 the	
hrs,min.		
8. Birthplace (Town, county, and state)	Due to	
1B. Usual occupation		
11. Industry or business	Due to	
KI 6/2 8 182.1.		
12. Name O Common Commo	Dther conditions	
14. Maiden name adeline me Kenzie	(Include pregnancy within 3 months of death)	
14. Malden name.	Major findings of operations.	
61- 2 B-1	Actopsy vesolts	
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address Camperland	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or remove). Which?) (Burial, cremation, or remove). Which?)	Accident, suicide, or homicide	
80 Pate la Maril	Where did Injury occur? (City or town) (County) (State)	
Cemetery or crematory		
Location	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Amo Stern Inc	Means of Injury Injured at work?	
Address bomberland	23 SIGNATURE Or thus f. Jones Tu. P.	
all 1 48 lind Though mid	M. D. or other	
(Date rec'd by registrar) 19 T (Date rec'd by registrar) Registrar	Address 110 2. Cesche Ot. Bate signed 12-6-40	



ADING INK. Supply every item of information carefully. In Physicians: please write the causes of death clearly and legib.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For rewhern infants give residence of mother) Stale
3. (a) FULL NAME Charles Thomas	Bath 3. (b) Social Security Number
4. See 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 1948 at 450 Am
8. AGE: Years Monthy Days If less than one day 8. Birthplace (Town, county, and atate)	21. UCENTIFY that death occurred on the date above stated; that allended deceased from A COLUMN 19 to 19 19 19 19 19 19 19 19 19 19 19 19 19
19. Usual occupation	Dive to
16. Informant ms Chao & Bast. Address Combelland.	Accident, suicide, or homicide
Cemetery or crematory Localion 18. Funeral director Address Localion Lo	Where did Injury occur?
18 All 13 18 48 LLA Sauts M. D. (Date rec'd by registrar) Registror	23. SIGNATURE M. D. or other Address A Date signed D



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For whorn infants give residence of mother)
County Celegrany	State maryland County allegany
(If outside city or town limits, write RURAL and give nearest town)	Compensar de
tow long in above place of death?	(If outside city or town timits, write RURAL and give nearest town)
tophian, institution, or street address where death occurred:	Street No. 709 Defeated Africa (If rural, give LOCATION)
fow long In hospital or Institution? 44.	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Joseph Ho Bedinger	In hone
Sex 5. Color or race 6.(a) Single, married, widowed, or deforced	MEDICAL CERTIFICATION
male White Single	20, DATE DE DEATH WEE 10 19.48 21 12-41
S,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stafed; that I attended deceased from
	6 Dec 1944 10 10 Dec 1947
7. Birth date of	and that I last saw h 1.600 alive on 10 Dec 18
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
# hrsmin.	Prematurity & Reginatory
h. Into d ad	La
9. Birthplace(Town, eounty, and atate)	Due to Premature 1700
1D. Usual occupation.	B-a-la
11. Industry or business	Due to
12. Name Joseph H. Bedinger.	Other conditions Complete Atresia
13. Birthplace	Rectum + Camer 2/3 Sigmoid.
14. Maiden name many Sue Knisley	(Include pregnancy within 3 months of death)
15. Birthplace Budford Pal	Major findings of operations.
0-11 11 Red : 000	43 Rignard & Newson Date of op. & Del 48.
16, Intermant	Actopsy results
Address Cumberland and	22. VtOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, sulcide, or homicide
Cemetery or crematory Thelases blm -	Where did injury occur?
land link	Injured at home, farm, industry, public place (where?)
Location Control Contr	Meens of Injury Injured at work?
18. Funeral director. Association and the state of the st	1.9
Address Combester ma	23. SIGNATURE Fuller B Mulworth -
19. Dec. 11 1, 48 W. R. Frants, W.D.	M. D. or other
(Date rec'd by registrar) Registrar	Address 1/2/2007 Date signed

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICA	TE OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County ALLEGANY City or town. CUMBERLAND. (If outside city or town limite, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: MEMORIAL HOSPITAL How long in hospital or institution? L DAY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) State. MARYLAND. County ALLEGANY (If outside city or town limits, write RURAL and give nearest town) Street No. ROUTE #1 LA VALE (If rural, give LOCATION) 2.(a) It veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
MR. BRUCE BLOCHER	owne
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced MALE WHITE MARRIED	MEDICAL CERTIFICATION 20. DATE OF DEATH. DECEMBER 14, 19.48 at 11:20
6.(6) Name of husband or wite MILDRED ELLIOTT 6.(c) If alive, give age 74 years 7. Birth date of deceased (mo., day, yr.) AUGUST 10, 1869 8. AGE: Years Months Days tt less than one day 79 4 hrs. min. 9. Birthplace MARYLAND 10. Usual occupation RETIRED Farmer 11. Industry or business 12. Name HENRY BLOCHER 13. Birthplace TADLANA MARYLAND 14. Maiden name SALINT CHANEY 15. Birthplace MARYLAND	21. I CERTIFY that death occurred on the date above stated: that i attended deceased from December 19 19 19 19 19 19 19 19 19 19 19 19 19
16. Interment MEMORIAL HOSPITAL Address MEMORIAL AVENUE	Autopsy results
17. Burial, eremation, or removal, Which?) Cemetery or crematory. Hiller and Burial Pork Location. Company and Management an	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director for his facility and read. 18. Funeral director for his facility and read. 19. (Date read by registrar) 19. (Date read by registrar)	23. SIGNATURE M. D. or other



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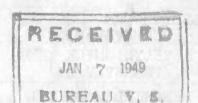
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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reet M			CER	CITFICAT	E OF DEATH	Reg. Diat. No	
2	PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	OF DECEASED:		
e i	County AL		***************************************	***************************************	DESIREGUET TEARTER	ounty Deal	or d
les .	(If	MBERLAND	ita, write RURAL and give n	earest town)	MANING CITO	TOR	
_ ully	How long in above place	ot death? 6	HOURS		City or town	ts, write RURAL and give n	earest town)
iref ly	Mospital, institution, or	RIAL HOSP	eath occurred:		Streel No		•••••
n ca lear		6	HOURS	***************************************		e LOCATION)	
tion h cl	How long in hospital o		**************************************		2.(a) If veteran, name war		
ma	3. (a) FULL NAM					3. (b) Social Security	Number
f d	BAB	Y GIRL BO	HN 6.(a)Single, married, widowed,			More	
f in	4. Sex			or divorced		ERTIFICATION	
n o use	FEMALE	WHITE	SINGER		2D. DATE DE DEATH DEC. 31.	19. 4.8	3., at 6:12A.
ite	6 (b) Name of husband	or wife			21 1 05RTIFY that death occurred on the date at	bove stated; that Lettended dec	eased from
the			B.(c) If alive give age.	Years	Vec. 30	7 10 dae	J. 19 T
eve	7. Birth date of deceased (mo., day,	Allen	1/100 30 100	4 8 @ 11:52	and that I last saw halive on	20.30	194
ply	8. AGE: Year		Days If less than one	day	Immediate couse of death	ty	DUBATION
ase			6. hrs.	20 min.	^	A	18/
UNFADING INK. Supply every item of information carefully ant. Physicians: please write the causes of death clearly and	M	ADMI AND	Proposition land	College Ca	1 your		***
NK IS:	9. BirthplaceM	(Town, e	ounty, and atate)	The grand	Due to selection of	placenta	*
G I	10. Usual occupation.			(/	Rue to	/	***************************************
ysic.	11. Industry or busines	SS			Due (o		
AD	質 12. Name	LLOYD BOH	N		Dither conditions		
P. P.	12. Name	PENNSY	LVANIA				
rtan	14. Maiden name	EVELYN	AMICK		(Include pregnancy within 8		
WHH UNF	14. Maiden name		YLVANIA		Major findings of operations		***************************************
E.S.	≥1 15. Birthplace						
PLAINLY, is especially	16. Informant		HOSPITAL		PHYSICIAN: Please underline the cause to	which death should he charge	d statistically.
e Zi	Address	A PIEMOR	IAL AVE.	1 16-	22. VIOLENCE: If death was due to external co		
LA	17 Burra	n, or removal, Which?)	Date thereof (month)	(day (vear)	Accident, sulcide, or homicide		
P is		700.10	sami Cor	(day) (year)	Where did Injury occur?(City or town)		
TE	Cemetery or commet	ory f. f. f. A. f. A.	The III E)			(State)
WRITE	Location	us als	MILLES	7	Injured at home, tarm, Industry, public place (where?)	
SEV	18. Funeral director	Harr	4 N. Lsigl	w	Means of injury	Injured at work?	1 1 1
ASS	Address	undn	han Sal.		M	ryce Nool	De Min
LEA.	Doo :	51 118	111 P han	1 71.1	23. SIGNATURES	IN MED	or other
4	(Date rec'd by re	egistrar)	. Many allan	Registrar	Address	Date signed	12/31110



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CEDTIFICATE OF DEATH

)	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)
CountyALLEGANY	StateMARYLAND County GARRETT
CIN or town	City or town
Hospital, Institution, or street address where death occurred:	Street No.
MEMORAIL HOSPITAL	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
EVELYN BOLYARD	193-22-5-604
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE SINGLE	20. DATE OF DEATH
S.(ö) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DEAD DEC 01 19
7. Birth date of September 17, 19 2 9	and that I last saw hear alive on DEAD DEC 21 1940
deceased (mo., day, yr.) 8 A.G.F. Years Months Cays It less than one day	Immediate cause of death2-3 DEGREE BURNS DURATION
8. AGE: Years Months Gays It less than one day	BODY AND FACE
9. Birthplace	GAS EXPLOSIAN FROM LIGHTED CIGARETTE
10. Usual occupation COOK - Waitsess	HTANITH XTAUDHTTE
11. Industry or business WARDS RESTAURANT	Due to
	Other conditions FRACTURE OF THE TWELFTH
E	
TIDITOTIA II 8 1 1 1	DORSAL VETEVRAE AND DISLOCATION (Include pregnancy within 8 months of death)
14. Maiden name ETHEL BLANCH WAGNER	Major fiedings of operations
15. Birthplace EGLON W. VA	Dale of op.
16. Informant MEMORIAL HOS PITAL	Autopsy resolts
Address cumberland md	22, VIOLENCE: It death was due to external causes, till in the following;
Burial of removal (Which?) (Burial of removal (Which?) (Burial of removal (Which?) (Burial of removal (Which?) (Burial of removal (Which?)	Accident, suicide, or homicideS. 11c.1dd
Cemetery or crematory Still Film	
Location Teles June 18 June 150 , w. Va	Injured at home, farm, Industry, public place (where?)
18. Funeral director Bolden	Msans of Injury 2-3 Degree Bunn Sjured at work? No Deputy Medical Examiner - Allegany
Address OAKLAND MD	23 SIGNATURE H. V. DEMING MD /4. V. Duming M. D.
19. (Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	M. D. Copper M. Copper M. Copper M. Copper M. Copper M. Copper M.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

County	City or town (If outside city or town limits, write RURAL and give nearest town)			
3. (a) FULL NAME USALS FLANDSON BOLD	3. (b) Social Security Number			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Penale White Married 6.(b) Name of husband or wife. B.(c) If alive, give age. 7. Birth date of 7. Birth date of	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20 1948 al			
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace	Due to			
12. Name Jaky Fact 13. Birthplace Maryland 14. Malden name are are by an 15. Birthplace Maryland 16. Informant Arthur Band Address Frestbury Md.	(Include pregnancy within 3 months of death) Major findings of operatians			
Date thereof	22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide			
Address Grestling, and. 19, 12-31 (Date ree'd by registrar) 19, 48 Mus, Marely & Registrar Registrar	23. SIGNATURE M.D. or other Address - 202 thing Mybate signed 12-29-45.			

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WRITE PLAINLY, WYCH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

PERTIFICATE OF DEATH

			CERTIFICAT	E OF DEATH		Reg. Dist. No	
1. PLACE OF DEA	47	legany		2. USUAL RESIDENCE (HC			
City or town	Cumberla	nd V	URAL and give nearest town)	State Laryland county Allegany City or town least Cumberland, Luxal (If outside city or town limits, write RURAL and give nesreat to			
Hospital, Institution, or s Rt 3	, Valley F	leath occurred	:		frural, give I	LOCATION)	
How long in hospital or l	nstitution?			2.(a) If veteran, name war			
3. (a) FULL NAME	Wil	bert A	. Bonner			3. (b) Social Security	Number
4 Sex	5. Color or race	6.(a)Singt	e, married, widowed, or divorced	MED	ICAL CE	ERTIFICATION	
Male	White		Widowed	20. DATE OF DEATH Decer	mber 2	31 1948	., at 4
6.(b) Name of husband o	1 WILC		Bonner	21. I CERTIFY that death occurred or	n the date aboy	ye stated; that t attended dece	ased from
7. Birth date of deceased (mo., day, yr.) Jur	ne 15	c) If alive, give ageyears	and that I last saw h Charles			19.44
8. AGE: Years	Months	Days	It less than one day	Coronn	Zh	mbru	them.
66	6	16	min.	0			
9. Birthplace	Retin	Va. Ra	ndolph County state) rchant	Due to Manuel	zw	arlemeles	
11. Industry or business		Groci	ers	Due to	•1:••••		** ************************************
	Jame	s Bonn		Other conditions			
12. Name		on, W.	Va.			0. 20 2.2 . 000. 00. 1200 0212	
	Phoh	ie Whi		(Include pregnan			
H 14. Malden name		rmon.	W. Va.	Major findings of operations			
	Mrs. Iv			Autopsy results			
16. Interment	3, Cumber		*** ***********************************	PHYSICIAN: Please noderline the	e caose to wh	nich death should be charged	statistically.
Address Rt 17 Bu: (Burial, cremation,			eet 1/3/49 (month) (day) (year)	22. VIOLENCE: If death was due to Accident, suicide, or homicide			
Cometery or cremator	lut	. Hern	ıan	Where did Injury occur?(Ci	ity or town)	(County)	(State)
Location	Chimberl			Injured at home, farm, Industry, pul			*****************
18 Funeral director			Cight	Means of injury		Injured at work?	7 2
Address	Cumbe	rland,	A Frank, M.D	23. SIGNATURE Bu	m	Sofren 1	fother 190
(Date rec'd by reg	istrar)		Registrar	Address 4		A mate Signed	

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CEPTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, frite RURAL and give nearly Street No. (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME James aloyans	Bracky 3. (b) Social Security Nu 2 20-07	
4 Sex 5. Color or race 6.(a) Single, married, widdwed, or divorced married.	MEDICAL CERTIFICATION 12 - 18 - 48 19	
6.(b) Hame of husband or wite Senence Spenning 6.(c) It alive, give age 9, years 7. Birth date of deceased (mo., day, yr.) May -1 -1886	and that I last saw h ./ .tm. alive on / 2 / 7	19. 78
8. AGE: Years Months Days If less than one day -62 9 16hrsmin.	Immediate cause of death refine watery failure	1 day
9. Birthplace Town, country, and atate) 10. Usual occupation. 11. Industry or business Coal Mines	bue to	10 year
12. Name & and Ange 13 ranking 12. Name 13. Birthplace	Other conditions Pilitoria (Include pregnancy within 3 months of death)	•
14. Maiden name Marculla Shelley 15. Birthplace	Major findings of operations	
Address Middle Mian Rd Frostling	Autopsy results	tistically.
17. Burial, cremation, or removal, White?) Date thereof 12-21-1941	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide	
Cometery or crematory	Where did injury occur? (City or town) (County) (injured at home, tarm, industry, public place (where?)	State)
18 Funeral director.	Means of Injury Injured at work?	110
19. 12- 20 19. 45 Mus. Marely A. Registrar Registrar	23. SIGNATURE HOLOGINAL PROPERTY M. D. or . Address Frostowes, M. D., Date signed.	M-U. 2-20-4

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BUREAU Y. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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121111 Reg. Dist. No.

/		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County allegas 19	(Fy) rewhorn infants give residence of mother)	
City or lown arral Committee and	State Thanyland County Willy	any
(If outside city or town limits, write RURAL and give nearest town)	City orholds Cumberland R	use
low long in above place of death?	(If outside city or town limits, write RUKAL and	give nearest town)
Umanknolls Rt #5 Cres	(If rural, give LOCATION)	<i>H</i>
How long in hospital or Institution?	2 (OTI) VEIGTAN DAMPWAY	
B. (a) FULL NAME	2 (1) 5 : 15	W 1
a Vella Houses	Brandl 3. (b) Social Se	
Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATIO	N
Hemale White Widowed	20, DATE OF DEATH	48 . 11
5, (b) Name of husband or wife . Hm H Brands	21. I CERTIFY that death occurred on the date above etated; that lattened	led deceased from
	November 9 19 44 10 fee	30 194
I. Birth date of	and that I last eaw hat alive on Decaman	19 48
deceased (mo., day, yr.)	Immediate cause of death oulevaluation	DURATION
B. AGE: Years Months Days It tees than one day	best discore	234m
18 8 12hremi		
Birtholace altorna Penna	Que to celus orlans	4 xen
(Town, county, and state)		
D. Usual occupation. It mounts	Due to	
1. Industry or business at 7 mmc.	000 10	
12. Name Ofm Onelles Honser	Dther conditions	***************************************
13, Birthplace Plana.	Differ Conditions	***************************************
1 13. Birtippiace	(Include pregnancy within 3 months of death)	
14. Maiden name	Major findings of operations	
15. Birthplace of following Pa	Date of o	0,
16. Information to Charles Comments	Antopey results.	
B. VID BILLE	PHYSICIAN: Please underline the cause to which death should be	harged statistically.
Address Aman Mills RN # 3	22. VIOLENCE: If death was due to external causes, fly in the tollowing	:
(hurst exemption or removal, Which?) (hurst exemption or removal, Which?) (month) (day) (year)	Accident, sulcide, or homicide	
W 1 0 1		
Cemetery or crematory UMB Mage Class	Where did injury occur?	(State)
Location Wilterna, Fo.	Injured at home, tarm, Industry, public place (where?)	
Your Stein and	Meens of trijury trijured at wo	rk?
18. Funeral director	1 100 ~	(m
Address Combeylother.	23. SIGNATURE WHITE	n p
Nec. 31. 48 11/1/ musely	~ C	M. D. or other
19. (December 19.)	19 neene V'	almost 12-31-42



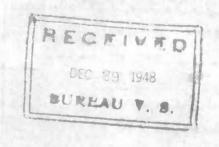
VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Neg. Dist. 110.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn in anta give residence of mother)
County aleggran	my had.
City or town. The first country limits, write RURAL and give nearest town)	State County County
	City or town
How long in above place of death? . The long is a state of the long in above place of death? . The long is a state of the long is a state	1) 1/2 /2 /2 - 1
mines Wanter	Street No. (If rugo) give LOCATION)
How long In hospital or institution? 5	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1 0 1 1 5	(10 20.
Male While frames	20. DATE OF DEATH 12 - 55 19 48, 21 10 3 1/2 M
5 (h) Hame of husband or wife Catherine Front	21. I CERTIFY that death occurred on the date above alated; that I attended deceased from
O.(O) Name of mosame of microscopic	June 19: 8 to del. 25 19 98
7. Birth date of	and that t last saw h i walve on sec. 25 48 19 48
deceased (mo., day, yr.) may 19 - 1874	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Immediate cause of death
74 7 6	
9. Birthplace (Town, county, and state)	of Oue to Stater joulerosis 10 year
(Town, county, and state)	
1D. Usual occupation	Due to
11 Industry or business Goal Mines	
Elina Ort Coastina	Other conditions
12. Name ga as as as	Uther conditions
13. Birthplace) for harvery	(Include pregnancy within 3 months of death)
14. Maiden name to be atthe Celusal	est_
E 15. Birthplace Vall Summet, my	Major findings of operations
= 13. Birthplace for the formand) of	Date of op.
16, Informant Laco Castes	Actopsy results.
Address Commence ma.	PHYSICIAN: Please voderline the cause to which death should be charged statistically.
h / /12-38-19	45/ 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, autcide, or homicide
17. 121	(City or town) (County) (State)
Cemetery or crematory	A
Location Jugathurg, 27d.	
Jask Wader	Maans of injury Injured at work?
18 Funeral director.	
Address Halling, Mg.	2 Selection of Locus M. ()
12 27 velou Vana MK	23. SIGNATURE M.D. or other
19. 10 - 0 1 19CH SULL ABULLY Y	tras ledges Trostlewing Med Date signed 12-27-4



Correct

ADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and l

WRITE PLAINLY

PLEASE

(Date rec'd by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

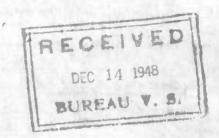
2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Allegany	
City or town (If outside city or town limits, write RURAL and give nearest town)	State Md County Allegary
(If outside city or town limits, write RURAL and give nearest town)	City or town Cumpberland
How long in above place of death? Z day 5	(If outside city or town limits, write RURAL and give nearest town)
Mospital, Institution, or street address where weath occurred.	Street No. 209 Emily 54,
Zog Emily 34.	(If rural; vive LOCATION)
7	2.(a) tt veteran, name war
How long in hospital or Institution?	. [2.(G) [] TELETAII, HAME WAS
3. (a) FULL NAME	3. (b) Social Security Number
Helen Elizabeth Crasi	tree 7/A
	/ω/οσ
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W Single	20. DATE OF DEATH. December 6 1948 21 71.30
7	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stafed: that I attended deceased from
6.(0) Name of nusband of wife	Dec 19 19 10 DC 2 19
	and that I last saw h the alive ga 19.
T. Birth date of December +, 1948	(1)
Beceased (mo., way, yes	Immediate cause of death OURATH
o. Auc.	Add Lander And Lander
0 0 2mi	
- / / / M/	De la Maria
9. Birthplace Courty Ser 9 9 d Md (Town, county, and state)	Due to.
10. Usual occupation Internation	Oue to
11. Industry or business	
= 12. Name William M. Craptrae	Other conditions
3 13. Birthplace Cumberland, Md.	
	(include pregnancy within 3 months of death)
14. Maiden name Mande En Kaege 15. Birthplace Cumberland, Md.	Major findings of operations.
15. Birthplace Cumberland, old.	Date of op
111	
16, Informant Williams M. Crabtree	Autopsy results
Address 2.09 Emily St. Comberland, Md	
Address 209 Emily St., Comperland, Md	22. VIOLENCE: If death was due to external causes, fill in the following;
Buryal gremation or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
(Burlan, Cromation, or Landson, or Landson	
Cemetery or crematory Hillerest Burial Park	Where did injury occur?
	Injured at home, farm, Industry, public place (where?)
Location Cumberland, Md1	
18 Funeral director John J. Hofer	Meens of injury Injured at work?
18. Funeral director	1-16211.
Address Centebrilland, Zud,	West livers
	23. SIGNATURE M. D. or other
10 Nec. 1, 1948 W.K. Nauk, M.d	VI 1357/a U1. 17/7
Desiste Desiste	Date signed



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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DURATION

CERTIFICATE OF DEATH

CERTIFICA	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Allegany City or town Cumberland (If outside eity or town limits, write RURAL and give nearest town 604 Hill St. (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Gladys Price Daum	3. (b) Social Security Number 214-07-3254
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Divorced	20. DATE OF DEATH. Dec. 18, 19 48, 212:1
6.(b) Name of husband or wife Frederick O. Daum 6.(c) If allve, give age year 7. Birth date of deceased (mo., day, yr.) Aug. 24, 1902	
8. AGE: Years Months Days If less than one day	Rento conouser accheron
Philadelphia, Penna, (Town, eounty, and state) 10. Usual occupation. 11. Industry or business Celeanese Corp. Of America 12. Name. Benjamin Price 13. Birthplace Wales 14. Maiden name. Catherine Thomas	Other conditions
15. Birthplace Wales	Major findings of operations. Character chalacter that
18. informant Mr. John F. O. Daum Address 604 Hill St. Cumberland, Md. 17. Burial Date thereof Dec. 21, 1948 (Burial, cremation, or removal, Which?) Cemetery or crematory Rose Hill Cem. Location Cumberland, Md. 18. Funeral director Charles L. George Address Cumberland, Md. 19. Dec. 21 (Date rec'd by registrar) 19. The M. R. Danselland, Md. Registrary	Autopsy results. PHYSICIAN? Please underline the cause to which death should be charged statisticall 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

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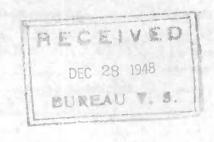
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VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Management County Glegary (If outside city or town limits, write RURAL and give newtest town) Streel No. (If rural, give LOCATION) 2.(a) If veieran, name war.
How long in hospital or institution?	2.(c) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Columbrace 6.(a) Single, married, widowed, or divorced 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE DF DEATH. 21. I CERTIFY What death occurred on the date above stated; that t attended deceased from 19.48
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 9. Birthplace	and that I tast saw has alive on See 2 1949 Immediate cause of dyath DURATION Due to
10. Usual occupation	Due to Diher conditions (Include pregnancy within 3 months of death) Major findings of operations Date of op.
Address 17. (Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Autopsy results
Commetery or commetery allegancy Location Andrews Address Address	Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
19. 12-24 19 48 ma Nowly X. Rae Registrar	23. SIGNATURE M. D. or other Address Frank Princy Mate signed /2 -24-



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFIC	AIL OF DEATH Reg. Diat. No.
1. PLACE OF DEATH allegary	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pywborn infants give residence of mother)
City or town Lonaco hung	State Maryland County Allegan
How long in above place of seath? 3 Hospital, institution, or street address, where death occurred:	City or town
	Street No. Brigh Stilect
High Street	(If fural, give LOCATION)
How long in hospital or instraction?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fiernale Strite Married	20. DATE DF DEATH
8.(b) Name of husband or wife Terrence J. Dewlies	21. I CERTIFY that dealh occurred on the date above stated; that I attended deceased from
7. Birth date of	years and that I last saw h.e. C. alive on 12/13
deceased (mo., day, yr.) ang. 2, 1881.	Immediate cause of death.
8. AGE: Years Monthly Days It less than one dayhrs.	Circulationy Collapse
L all a M.	
9. Birthplace All Town, county, anystate)	Due Callandia Anguna
10. Usual occupation Amisainock	(3) (0) 17475
1t, Industry or business Own Frome	Due to
12. Hame Jolan Szamous	Diher conditions
13. Birthologe B-acting	
	(Include pregnancy within 3 months of death)
14. Maiden name alice Anichada	Major findings of operations
	Tida.) Late of op.
16. Interment Miss anna Devlin	Actopsy resolts
Address Linaconing Ild.	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Busial Date thereof Dec 16,13	Accident, suicide, or homicide
(Hurial, Temation, or removal, Which?) (month) (day) (feer)	
Location Logical and and	Injured at home, farm, Industry, public place (where?)
18. Funeral director Decliphorn	Means of Injury Injured at work?
Address Lorracorisma, Mid.	(3) (3)
1	23. SIGNATURE

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ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly

important.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg. Dist.	No

			CERTIFICAT	TE OF DEATH Reg. Dist. No.,	4
How long in above place Hospital, institution, of ME. How long in hospital 3. (a) FULL NAM	CUMBERLANI outside etty or town lim es of death?	20 DA eath occurred SPITA	L	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MARYLAND County ALLEG Cily or town CUMBERLAND (If outside city or town limits, write RURAL and give Street No. 603 SCHLEY STREET (If rural, give LOCATION) 2.(a) If veleran, name war.	nearest town)
	. WILLIAM		MAN e, married, widowed, or divorced	MEDICAL CERTIFICATION	
4. Sex	5. Color or race		NGLE		10 h 50
MALE	COLORED	21	NGTE	2D. DATE OF DEATHDECEMBER 3. 19	
6,(b) Name of husban	d or wife			21. I CERTIFY that death occurred on the date above stated; that I attended o	
7 But data at	***************************************	6.(e) It alive, give ageyears	and that I last saw h 1 mailive Dead Dec . 3	194.8.
7. Birth date of deceased (mo., day	, yr.) MAY 29	9,187	6	Immediate cause of death	DURATION
8. AGE: Yea	mrs Months 2	Days 14	if less than one day	Pulmonary embolism	about 20 min.
9. Birthplace 1D. Usual occupation 11. Industry or busin	RETI)	RED	state)	Due to Bronchial carcinoma Due to	several
12. Name	HUMPHREY VIRGIN		MAN	Other conditions	
	ATTCE I		AMS		
14. Maiden nam 15. Birthplace	VIRG	***************************************		Major findings of operations	04444000
16. Informant	MEMORI	AL HO	0.0.4.0.0000000000000000000000000000000	Autopsy results	
Address 17	rial		Ann 6 1048	Where did Injury occur?	(State)
Leveline France	anklin Tow	n W	Va.	Injured at home, farm, Industry, public ptace (where?)	
	0 1	0'01	Mad	Means of Injury Injured at work?	In an an Ca
18. Funeral director	5 Sill	uto	DA	Deputy Medical Bramine - A.	Demine LD.
(Date rec'd by	3, 19 4 8	la	f Jank, M. D.	23. SIGNATUR	D. or other (ned / 2 - 3 - 48

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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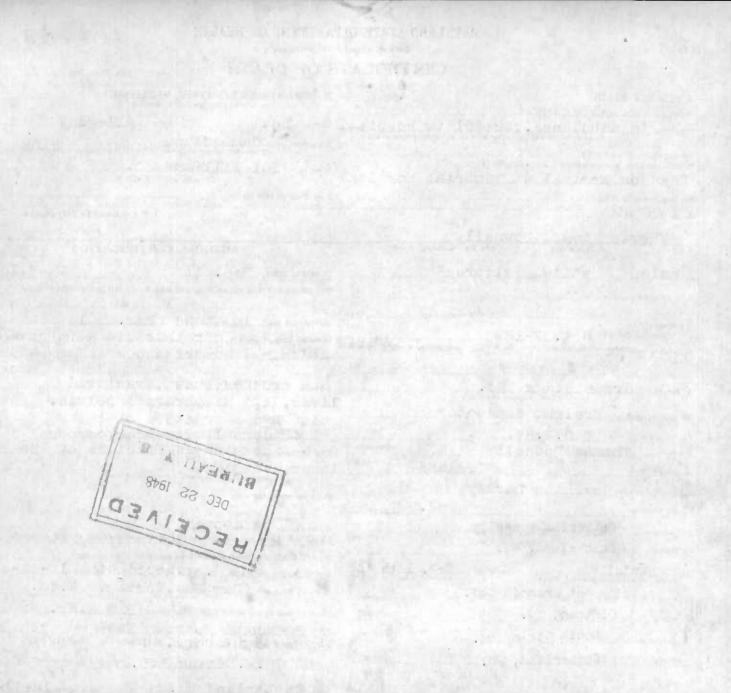
CERTIFICATE OF DEATH

1. PLACE OF DEATH: countyAllegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	State Md. County Allegany		
City or town In ambulance, route51 to hospital (If outside city or town limits, write RURAL and give nearest town)			
How long In above place of death?	City or town		
Hospital, Institution, or street address where death occurred:	Street No. 241 Williams St.		
Dead on arrival at Memorial Hospital	(If rurat, give LOCATION)		
How long in hospital or Institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Thomas Edward Donnelly	705-07-9721		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION about		
male white divorced	20. DATE DE DEATHDec		
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wife	19to		
7. Birth date of	and that I last saw h im ative Dead Dec. 11 19 48		
deceased (mo., day, yr.) Oct. 7-1886	Immediate cause of death Intrathoracic & Intra DURATION		
8. AGE: Years Months Days 11 less than one day	abdominal hemorrhage about 20		
62 \$ 2 4 \$hrsmin.	minutes		
	Due to a crushed chest, fractured		
9. Birihplace Green Ridge Md. (Town, county, and state)	liver.left diaphragm & pelvis,		
10. Usual occupation Freight conductor	mlso had a fracture of the 9th		
11. Industry or business B&O • R • Ry •	&10th dorsal vetrebrae, compound		
≝ 12. Name Thomas Donnelly	Other conditions comminuted fracture of the		
13. Birthplace Ireland			
E. 10. Dittiplace	lower left leg. (Include pregnancy within 8 months of death)		
14. Maiden name Rose Ann Darkey Md.	Major findings of operations		
15. Birthplace Md.	Date of op.		
16. Informant Catherine Donnelly	Aotopsy resolts as above		
Address Cumberland, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Burial Date thereof Dec. 1/th 1/8. (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide R. Ry. accident trate of 12-11-48		
Cemetery or crematory St Francis Cem.	Where did Injury occur? Paw Paw, Morgan, W. Va. (County) Work (County)		
location Oldtown, Md.	Injured at home, farm, Industry, public place (where?) B. CO. R. Ry Paw Paw		
18 Funeral director Louis Stein Inc.	Meens of injurCaught Between Twocd at work? yes DeputFreightabars, miner - Allegany		
Address Cumberland. Md.	Debutar Kalengar Barratan		
	23. SIGNATURE H. V. Deming M. D. H. V. D. M. D. bther		
19 All 13 (Date rec'd by registrar) 18# T W. K. Brass. P. Registrar	Address Cumberland Md. Date signed 12-11-48		

UNFADING INK. Supply every item of information carefully. Inc. MARGIN RESERVED FOR BINDING

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MARYLAND STATE D	EDADTMENT	UE	HEALTI	ı

2411 N. Charles St., Baltimore

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93 de Bog. Dist. No.

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CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Olicany Maryland	State A. Dirginia County Mineral
Cily or town	
How long in above place of death? One day	City or town
Hospital, Institution, or street address where death occurred: (1/16 9 and Ho. 561 - 9/11 Cambo, Md.	Street No. 1/5 Mozelle ST. A rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
File Moud Days lass	
4. Sex 5. Color or race 8.(a) Single, marries, widowed, or divorced	MEDICAL CERTIFICATION
Female white Widowed	20, DATE OF DEATH. DEC. 13, 1948, at
6.(b) Name of husband or wito and V. Douglass	21. I CERTIFY that death occurred on the dato abovo stated; that I extended deceased from
	12-12-18 4 10 12-13-18 4
7. Birth date of	and that I last sew h
deceased (mo., day, yr.) OV. // / / / / / / / / / / / / / / / / /	Immediate cause of death
/hrsmin.	a week
0 - 0 - 111	Due to.
8. Birlhplace (Town, county, and state)	alumberti heat dosen a jump
10. Usual occupation. Nouse wife	Due to
11. Industry or business	
12. Name John W. Mattick 13. Birthplaco Preston Co St. Va	Diher conditions
A 0	(include pregnancy within 8 months of death)
E 14. Maiden name Pebecca C. Cann	Major findings of operations
15. Birthplace PRESTON Co., N. Va	Dato ot op.
16. Informant Michard M. Dauglass	Aotopsy results
Address 5-11 talbert St., Cump, Md.	PHYSICIAN: Please ooderline the caose to which death should be charged statistically.
17. Bunial cremetion, or removel. Which?) Date thereot. 1 50. 16.1948. (Burial, cremetion, or removel. Which?)	22. VIOLENCE: It doath was due to external causes, till in the tollowing; Accident, suicide, or homicide
(Burial, cremetion, or removel. Which?) (month) (day) (year)	Accident, Suicide, of Hollies Co.
Cemetory or crematory 2 4 cens Voini Gemelery	Where did injury occur? (City or town) (County) (State)
Location ME 4.5 2 P. M. Va	Injured al homo, farm, industry, public place (where?)
18. Funeral director B. Dr. Many wood	Meens of Injury Injured at work?
Address MEUSER, N. Va.	23. SIGNATURE h Ring (M)
10 blec 29 1048 W. R. Frant, In ll.	23. SIGNATURE M. D. of other 12-13-44
(Date rec'd by registrer) Registrer	Address Date signed Date signed

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WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	TE OF DEATH Reg. Dist. No.			
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother) State MARYLAND County ALLEGANY City or town CUMBERLAND (If outside city or town limits, write RURAL and give nearest town) Streel No. 134 BEDFORD STREET (If rural, give LOCATION) 2.(a) If veteran, name war.			
3. (a) FULL NAME MR. JAMES E. DUCKWORTH	3. (b) Social Security Number			
4. Sex Scholor or race WHITE Scholor or divorced WIDOWED	MEDICAL CERTIFICATION 20. DATE OF DEATH DECEMBER 19. 19 48 at 3:34 Am			
8. AGE: Years Months Days If less than one day Town, county, and atate) Maryland Longary Months Days If less than one day Town, county, and atate) Maryland Longary Months Maryland Months Mon	21. I CERTIFY that death occurred on the date above etalod; that I attended deceased from 19			
12. Name JAMES S. DUCKWORTH 13. Birthplace MARYBAND 14. Maiden name LOUISE DUCKWORTH 15. Birthplace MARYLAND	Other conditions (Include pregnancy within 3 months of death) Major findings of operations.			
MEMORIAL HOSPITAL Address MEMORIAL AVE., Date thereof. Dec. 21, 1948. (Burial, cremation, or removal, Which?) Cemetery or crematory Odds. Hill Cemetery Location.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, fill in the following; Accident, suicide, or homicide			

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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/		CERTIFICA	TE OF DEATH	Reg. Diat. No	4
1. PLACE OF DE.	ATH:		2. USUAL RESIDENCE (HOME) OF	DECEASED:	
County. Allegany			(For powhern infants give residence of maryland coue	Allegany	
Cliy or town			State Frostburg	tyAllogariy	
How long in above place	ot death?	5 years	City or town	write RURAL and give near	rest town)
nospital, institution, or	211661 Madle22 Milete 6	reath occurred.	Street No. Ormond St.,		
Alle	gany Cour	nty Infirmary	(If rural, give l	LOCATION)	*****
How tong in hospitat or	r Institution?	5 years	2.(a) It veteran, name war		
3. (a) FULL NAM	E			3. (b) Social Security 1	Number
	ANN	IE EISEL		none	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	White	Widowed	20. DATE OF DEATH. DEC. 7	19.48	12 12
6.(b) Name of husband	or wite Will	liam Eisel	21. I UERIGHT that death occurred on the date spot	e stated; just i stiended deces	sed from
			D3C (194		
7. Birth date of		ber 21, 1865	and that I last saw h		19 4 8
deceased (mo., day,)		Days It less than one day	Immediate cause of death.		DURATION
82		16mie	Trungo cardeal faile	CL-	2 wks
a Birthplace Fro	stburg, A	llegany, Maryland	Due to Bearnals sed Confirmo	364 37.	4 4,05
a. Dirthylace	housewi	county, and state)		*	/
10. Usual occupation		TA	Due to		
11. Industry or busines	, home			***************************************	
	enry Offn	ian,	Other conditions		
12. Name H	German	ıy			
	Catherin	ne Lemmert,	(Include pregnancy within 3 m	onths of death)	
14. Maiden name.	Germar	•••••	Major fiedings of operations		
				Date of op,	
16. Informant		1,	PHYSICIAN: Ptease underline the caose to whi		atatistically
Address	Frosth	ourg, Md.		A STATE OF THE STA	statisticady.
" Buria	1	Date thereof Dec a 10 148 (month) (day) (year)	22. VIOLENCE: If death was due to external caus		
(Burial, cremation	n, or removal, Which?)	(month) (day) (year)	Accident, suicide, or homicide,		
Cemetery or cremate	ory Zion Ev	an. & Reform. Ceme	(City or town)	(County)	(State)
Location	Frostburg	, Md.	Injured at home, farm, Industry, public place (wh	ere?)	
		Durst,		tnjured at work?	
The state of the s	Frostburg	Ma	1111110		
Address	TIOSCOULE	, 9 1140	23. SIGNATURE ARE THERE	uld be. P.	
10 Duc.	9, 1948	W.R. Daub, M.L). 1	M. D. c	or other
(Date rec'd by re	gistrar)	Registra	Address 10 d. Cest Me dV	Date signed	9

information carefully. The borreof of death clearly and legibly. PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes BINDING FOR RESERVED MARGIN

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house INK. Supply every item of information carefully. The corbesticians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY,

MARYLAND STATE DEPARTMENT OF HEALTH

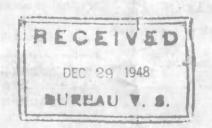
2411 N. Charles St., Baltimore

4.4

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Allegany			
City or town Frostburg Md. (If outside city or town limits, write RURAL and give nearcat town)	State Md. County Allegany City or town Frostburg (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? Hospital, Institution, or street address where death occurred:			
Miners Hospital, Frostburg Md.	Street No. 231. Welsh Hill (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war. World Wax II		
3. (a) FULL NAME	3. (b) Social Security Number		
James Dewey Felker	214-12-3099		
4. Sex 5. Color or race 6.(g)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white married	20, DATE OF DEATH		
6.(b) Name of husband or wife Genevieve M. Felker	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of	and that I last saw h im Dead Dec. 25 18 48		
deceased (mo., day, yr.) July 31- 1920			
8. AGE: Years Months Days If less than one day	Immediate cause of death correct arms, about about		
	2nd. %3rd/burns, chest arms, addut		
28 4 25min.	face & feet 12 hour		
9. Birthplace Meyersdale Pa. (Town, county, and state)	oue to kitchen gas stove exploded.		
10. Usual occupation Machinest helper			
1. Industry or business B&O.R.Ry.	Due to		
Jel Barris Balleon			
12. Name Frank Felker 13. Birthplace	Other conditions		
13. Birthplace	(Include pregnancy within 3 months of death)		
14. Maiden name Grace La lat			
	Major findings of operations.		
15. Birthplace	Gate of op.		
16 Informant mrs. James D. Falker	Autopsy results		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 215 wild Hell trouther me.	22. VIOLENCE: tt death was due to external causes, till in the tollowing;		
17. Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicideaccident Date of 12-25-48		
Cemetery or crematory. Eckhart Constant	Where did injury occur? Frostburg Allegany Md.		
Incation Eckhot ma	tolured at home, tarm, Industry, public place (where?)Home		
	tajured at home, tarm, industry, public place (where?) Home Kitchen gas stove exploded was stove injurying a clothes caugh out of the caugh of the caugh out of the caug		
18. Funeral director and Hafen	Deputy Medical Examiner - Allegany Oc		
Address Fronting haufend	23. SIGNATURE H. V. Deming M. D. H. V. Deming M. D. or other		
10.12-27 148 mis Laucy N. Tre	M. D. or other		
(Date rec'd by registrar) Registrar	Address Cumberland Md. Date signed 12-26-48.		



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DR. ROBINSON

rect age	lace man Ke out no new sign	STATE DEPARTMENT OF HEALTH 2011 N. Charles St., Baltimore TIFICATE OF DEATH
ormation carefully. The codeath clearly and legibly.	1. PLACE OF DEATH: ALLEGANY Only or fown	2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of
informati of death	FOLEY, BABY BOY	
BINDING y item of in	MALE 5. Color or race 6.(a)Single, married, widowed, or MALE SINGLE	MEDICAL CE 20. DATE DE DEATH DECEMBER 21
FOR ally even	8. (b) Name of husband or wife	and that I last saw h.i.v. alive on
RGIN RESERVED ADING INK. Supp Physicians: please	9. Birthplace	Due to Due to
MAKU VITH UNFAL important. Ph	12. Name FOLEY, CARL 13. Birthplace WEST VIRGINIA 14. Maiden name LAMBERT, ELEANOR 15. Birthplace WEST VIRGINIA	(Include pregnancy within 3 mo
NLY, W	16. Informant MEMORIAL HOSPITAL Address MEMORIAL AVE.,	Major fiedings of operations. Autopsy results. PHYSICIAN: Please underline the cause to which
WRITE P	17. (Burial, cremation, or removal, Which?) Cometery or compart of the compart of	22. VIOLENCE: If death was due to external causes (year) Accident, suicide, or homicide
PLEASE	Address Styfuld W. Ja. 19. Del 24. 19. We rec'd by registrar) 18. 48. W. A. B. M.	23. SIGNATURE & Lower P. Registrar Address 19 S. Lillerte

M. D. or other St Date signed 12/24/48

2. USUAL RESIDENCE (HOME) OF CASE OF THE STATE OF THE STA	F DECEASED:	alain.
State WEST VIRGINIA COUNTY OF TOWN GREEN SPI	RING	MUSO
City or town	, write RURAL and give near	
Street No		est town)
(If rurn), give	LOCATION)	
2.(a) If veteran, name war		· · · · · · · · · · · · · · · · · · ·
	3. (b) Social Security N	umber
	1 More	
MEDICAL CE	RTIFICATION	
20. DATE OF DEATH DECEMBER 24	1,48	2:55A
21. I CERTIFY that death occurred on the date above	e stated: that I attended doors	ad to a
Dec 23 19 4	78 to	-
and that I last saw h	~ 23	19 44 8
Immediate cause of death		DEPATION
Respiratory fri	line	

Due to 4 menterity		
		0 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Due to		00001.012012000000000000000000000000000
Other conditions		
(Include pregnancy within 3 mor		
Major fiedings of operations	***************************************	100.0011
•••••••••••••••••••••••••••••••••••••••	Date of op	
Autopsy results		
22. VIOLENCE: If death was due to external causes,	fill in the fellowing	висану.
Accident, suicide, or homicide	Date of	
Where did Injury occur?	(County) (S	
Injured at home, farm, Industry, public place (where	(Si	tate)
Means of injury	Injured at work?	*******************************
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MARYLAND STATE DEPARTMENT OF HEALTH

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WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibl

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MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baftimore

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CERTIFICATE OF DEATH

Reg. Diat. No ...

1. PLACE OF DEATH: County Allegany City or town. F.rostburg Md., write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: home.) 234 N. Machanic St.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	rest town)
3. (a) FULL NAME	3. (b) Social Security	
Vernard Olin Garlitz 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	217-14-442	1
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male white married	MEDICAL CERTIFICATION 20. DATE OF DEATH	about
6.(b) Name of husband or wife Arlena Burdock Garlitz	21. I CERTIFY that death occurred on the date above stafed; that I attended dece-	
7. Birth date of	and that I last saw h im Dead Dec 30	15
deceased (mo., day, yr.) Sept 15 - 1917	Immediate cause of death	
8. AGE: Years Months Days If less than one day	Strangulation	about
31 3 15hrsmin.		
9. BirthplaceGarrett	chain around his neck.	
ti. Industry or business Celanese Corp. of Am.		
12. NameNormanGarlitz 13. Birthplace Frostburg Md.	Other conditions	
14. Malden nameRhodaRobison	Major findings of operations	
16. Informant Wife Arlena B Garlitz Address Frostburg Md.	Autopsy results	statistically.
17. Burial Date thereof Jan 2010 (Burial, cremation, or removal, Which?) Cemetery or crematory Blocher Cemetary	22. VfOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicideSuicide	-30-48 Md.
	Injured at home, farm, Industry, public place (where?)	(2000)
Location Garrett Co.	Masas of Injury Hung himself withdred a wortha	
18. Funeral director Joseph R. Durst Frostburg, Md.	Deputy Medical Examiner - Alleg	gany (_
18. 1-2 (Date rec'd by registrar) 1849 Mus. Xauly N. Roe Registrar	Address Cumberland Md. Date signed	

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WRITE PEAINLY, WITH UNFADING INK. Supply every item of information careful is especially important. Physicians: please write the causes of death clearly an

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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121126 Reg. Dist. No. 4

How long in above place Hospital, institution, o	Cumb outside eity or town II e of death? r street address where So, Lee	death occurred St.	URAL and give nearest town)	11	mberland or town limits, write Lee St	Allegan	areat town)
	or Institution?		***************************************	2.(a) If veteran, name war			
3. (a) FULL NAM		athie	Ann George		3	None	Number
4. Sex	5. Color or race	6.(a)Singi	, married, widowed, or divorced	MED	DICAL CERT	TIFICATION	
Female	White		infant	20. DATE OF DEATH De	c. 21.	19.48	.6:30A.
7. Birth date of	T 7		c) If alive, give agey	21. I CERTIFY that death occurred cars and that I last saw h	on the date above sta	ated; that I attended dec	eased from 19 48.
deceased (mo., day,		Days	tf less than one day	Immediate cause of death	641451	<u> </u>	DURATION S days
10. Usual occupation. 11. Industry or busine 12. Name	Ha Wayne South F	Georg	e Penna.	Due to	e mf		
15. Birthplace	Dorothy Cumberl	and,	Md.	Major findings of operations			
to: intointaintiintiin			umberland, Md.	PHYSICIAN: Please underline th	he cause to which	death should be charged	statistically.
Cemetery or crema	tory HillCr	est B	Dec. 23, 194 (month) (day) (year) urial Park	Where did Injury occur?(C	City or town)	(County)	(State)
	Charle	s L.	d, Md. George	Means of injury		Injured at work?	
Address 19 Olc (Date ree'd by a	Cumb		4 / / -	23. SIGNATURE A. Address 101 S. Co.			or other



thost buy Myste signed 2 8 40

CERTIFICAL	E UF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Legan	2. USUAL RESIDENCE (HOME) OF DECEASED:
(If outside city or town limits, write RURAL and give nearest town)	State LINE LAND County LINE AND
How long in above place of death? Hospital, Institution, or street addices where death occurred:	(If outside city or town miles, write RURAL and give nearest town)
Meners Hospilal	Street No. (If rural, give LOGATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single married, widowed, of divorced	MEDICAL CERTIFICATION
Male White Tryang	20. DATE OF DEATH 200 6 19.48 21.2 140/
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
6,(c) It alive, give age	and that last saw b 221/14 an 2016 6 19.48
7. Birth date of deceased (mo., day, yr.) Lle 6 1948	and that I last saw h paive on 1940. Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	pena welly
Fada House Smile	Due to.
9. Birthplace (Town, eounty sudstate)	0UE 10
10. Usual occupation.	Due to
	Dther conditions
12. Name ranks star	(Include pregnancy within 3 months of death)
14. Maiden name Servis Fingel	
14. Maiden name Sarris Fingel 15. Birthplace	Major findings of operations. Date of op.
16. Informant Jarris Fingel Glass	Autopsy results
Address Acrost Luis md	PHYStCIAN: Please underline the cause to which death should be charged statistically.
17. (Burial, cremation, or removal, Which?) Date thereof. Dec. 9-194/1 (month) (flay) (year)	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
3.	Where did latery occur?
Cemetery or crematery	(City or town) (County) (State)
Location	Means of injury Means of injury
18. Funeral director	manac/ Jak)
Address Sasthing, md	23. SIGNATURE M. D. or other
19. 12 Y (Date rec'd by registrar) 19.48 New . Howey N - Registrar	Address 1 20 of Guy Mate signed 2 9 48

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and BINDING FOR RESERVED MARGIN

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg. Dist. No.

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CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(Eur newhorn infants give residence of mother)
City or town (Il orthide city or town nmty, wrigh RUI) AL and give nearest town)	State Mary County Ullegarry
How long in above place of death?	(if outside city or town limits, write RURA) and give nearest (wwn)
Hospital, Institution, or street address where death occurred:	Street No. 1.30 mc CellAl 1 st
130 Mc Willow DI	(if rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Pose preco	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Emale White married	20. DATE DE DEATH DECEMBER 17 1948 at 5:35 km
6.(b) Name of husband or wife Assept Dreco	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
172	DECEMBER 15 1948 10 DECEMBELLO 48
7. Birth date of	and that I last saw he maile on DECEMBER 15 1948
deceased (mo., day. yr.) 8. AGE: Years Months Days 19 less than one day	Immediate cause of death Acuta Myacardial DURATION
PO 0 13	Insufficiency 15 minutes
59 k /2hrsmin.	
9. Birthplace	Due to Rhamaric Heart Discore YRS
EAST TO THE STATE OF THE STATE	HYPERTENSION -YRS.
9 11	- WITH AURICULAR FIGRILLATION - YRS.
11. Industry or business	
12. Name Juy Suhuld	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Usaula Emprenia	Major findings of operations
15. Birthplace	Date of 00.
16. Informant Joseph Grefco	Autopsy results NONE PERPORMED
1 2 M = 201	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Northern 1000 20 48	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, of remotal, Which?) Date thereo (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Af Michaels Cemetery	Where did Injury occur?
Location Devictoring Md. (Injured at home, farm, industry, public place (where?)
18. Funeral director. J. R. Qurft	Means of injury tajured at work?
Address Prothung md	Mary 1 1201-10
10 11 11 11 11 P	23. SIGNATURE MANAGEMENT AND OF OTHER
19. 12-20 19. Lauly V. Due Registrar	Address 48 Bradway - From Date signed 12/20/45

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BUREAU Y. S.

CERTIFICATE OF DEATH

	TE OF DEATH 450 Reg. Dist. No. 8
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (If obtaide city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Male White Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. 19.4.8. 21.8.13.
B.(b) Name of husband or wife School of Land School	and that I last saw has the alive on 19.
3. AGE: Years Months 11 Tess than one day 90 9 3 hrs. mil	malmitution
D. Usual occupation (Town. county, and state) 1. Industry or business Warryus places	bue to.
12. Name January January January 14. Maiden name January Man January 14. Maiden name January Man January 15. Birthplace January January January 15. Birthplace January January January 15. Birthplace January January 15. Birthplace	Other conditions
6. Informant Miss Jane Green	Date of op.
Attdress Survival Date thereof M. D. 49 (Burial, cremation, or removal, Which?) Cemetery or crematory O. C.	22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Location Knaffss Meadow Lonardon	Where did injury occur?
Address Gon aroning, Ind.	23. SIONATURE RUL Eugene M. W. or or of G.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAL	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If dataige city or town limits, write Hours give nearest town)	State Aland County Aland State (15 outstate of the Manual Will and give near flown)
How long in above place of death? Hospital, institution or street address where death occurred:	(If outside city of town timits, write RURAL and give nearest fown) Street No.
How long In hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME William J. Green	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Smale White Single	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Nams of husband or wits	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of decessed (mo., day, pr.) Larv 2 7, 1802	and that I last saw h. J. M. alive on
8. AGE: Years Months Days If less than one day 46 / 0 2. /	Immediai cause of death
9. Birthplace of MacMMas, allegans of Mal	Due to Carcinomo d'Intestige
10. Usual occupation Aone	Due to
E 12. Hams Ofm Co. Green	Dther conditions
13. Birthplace an actoring Ald	(Include pregnancy within 3 months of death) Major findings of operations.
14. Maiden name : Jussie Treylise 15. Birthplace Inacoring Ald	
Address Lor acoring Mr.	Autopsy results
17. (Burfal, cremation, or removal, Which?) Date thereof. (month). (day) (year)	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide
Cemetery or crematory. All Italo Cosmotory	Whers did Injury occur?
Location Location Dud	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Address Augustian, Plan	Bul Eugene Frue Mil
19 Dec 21 18 48 Jamett m Goal Registrar	M. For other Date signed 1.2/23/4

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

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A15 SY 2411 N. Charles St., Baltimore

W correct a	DR. F. CERTIFICAT	TE OF DEATH Black Rog, Diat, No. 4
information carefully. The color death clearly and legibly.	1. PLACE OF DEATH: County. ALLEGANY COUNTY City or town. CUMBERLAND MARYLAND (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? S. DAYS. Hospital, institution, or street address where death occurred: MEMORIAL HOSPIRAL How long in hospital or institution? S. PAYS.	2. USUAL RESIDENCE (HOME) OF DECEASED: (FWEST WIRCINIA State County City or town BERKELEY SPRING (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
itio ih c	3. (a) FULL NAME	2.(a) If veteran, name war
rma	MRS. MAMIE E. HENRY	3. (b) Social Security Number
of info	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced FEMALE W MARRIED	MEDICAL CERTIFICATION 20. DATE DE DEATH 20. DATE DE DE DEATH 20. DATE DE
NLY, WITH ENFADING INK. Supply every item of cially inhortant. Physicians: please write the causes	8. (6) Nams of husband or wife. WILLIAM C. HENRY DECEASED 7. Birth date of deceased (mo., day, yr.) APRIL 6, /866 8. AGE: Years Months Days It less than one day 62 8 6 hrs. min. 9. Birthplace. BERKELEY SPRINGS .W.VA (Town, eounty, and state) 10. Usual occupation HWIFE 11. Industry or business THOMAS JOHNSON 12. Name. THOMAS JOHNSON 13. Birthplace WEST VIRGINIA 14. Maiden name. WEST VIRGINIA 15. Birthplace 16. Informant. MEMORIAL HOSPITAL. Address CUMBERLAND. MD	21. I CERTIFY that death occurred on the date above stated that I attended deceased from 18
ASE WRITE PLAINLY, is especially	17. (Burial, cremation, or remysal Which?) Cemetery or crematory. Location	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
PLE	19. Dec 14. 18 4 8 W.A. Tranky M.A. Registrar	Address Address Canada signed / 2/13/4



County South Co.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County					
City or town	Cum	berland imits, write RURAL and give nearest town)	State Maryland County Allegany		
			City or town Cumberland (If outside city or town limits, write RURAL and give near	est town)	
Rospital, institution, o	ce of death? or street address where	death occurred:	Street No. 106 Wempe Dr.		
A	llegany H	ospital	(If rural, give LOCATION)		
Now long in hospital	or Institution?	l Day	2.(a) tf veteran, name war		
3. (a) FULL NAM			3. (b) Social Security N	umber	
0.(0)		el Hyde	None		
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
	722. 2 4 -	D. 4		1	
Female	White	Divorcea	20. DATE OF DEATH. Dec. 29, 19. 48,		
6.(b) Name of husban	d or wife Walt	er Hyde	21. I CERTIEY that death occurred on the date above stated; that instended decease the state of	ed trom	
				19 48	
T. Birth date of			and that I last saw h exalive on Dec 29	19	
deceased (mo., day		Days If tess than one day	Immediate cause of death	DURATION	
O. AGE.			Cerebral Minubosis	14000	
	59 11		In.		
9. Birthplace	Eckhart	MC a eounty, and atate)	Due to Cerebral Crecionicions	1 year	

10. Usual occupation	поизем	ife	Due to		
11. Industry or busine	258				
至 12. Name	Thomas	Sampson	Dither conditions		
12. Name	Engl				
	Mary J	ane Jenninge	(Include pregnancy within 3 months of death)		
14. Maiden name			Major fiediogs of operations		
	Engl		Date of op.		
16. Informant	urs. John	Meleri	Actopsy resolts		
Address 106	6 Wempe D	r. Cumberland, Md.		atisticany.	
			22. VIOLENCE: If death was due to external causes, till in the tollowing;		
	rial on, or removal. Which?				
Cemetery or crema	tory Alleg	any Cen.	Whera did injury occur?	(State)	
		burg. Md.	Injured at home, tarm, industry, public place (where?)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			Misans of Injury Injured at work?		
1B. Funeral director.		L. George	Pull 11:	- 1	
Address	Cumbe	rland, Md.	RWTrevaskis, fr.		
0.,	1 110	1 / fait m	23. SIGNATURE M. D. or	other //	
19. Date rec'd by	19.5 registrar)	Registi	ar Address Cumberland, Mol Date signed	730/48	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

CERTIFICAT	E UF DEATH Reg. Diat. No.		
1. PLACE OF DEATH: County Mallegany City or town. Frostburg (If outside city or town limit, write RURAL and give nearest town) How long in above place of death? All her life Hospital, Institution, or street address where death occurred: 68 West Union Street How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother) State Maryland Coucty Allegany City or town Frostburg (If outside city or town limits, write RURAL and give nearest town) Street No. 68 W. Union St., (If rural, give LOCATION) 2.(a) If veleran, name war.		
3. (a) FULL NAME Eva Hitchins Jeffries	3. (b) Social Security Number none		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Single	20. DATE OF DEATHDecember 10.4825PM		
8.(b) Name of husband or wife	21. I CERTIFY that dealh occurred on the date above stated; that I attended deceased from 4 19 4 7 to December 10 19 4 8 and that I last saw h C 1 alive on December 10 19 4 8		
deceased (mo., day, yr.) Feb. 6. I882	Immediate cause of death		
o. Aug.	Cerebral Genordrage. 6 mos.		
9. Birthplace Frostburg, Allegany Co, Md. 10. Usual occupatio Home Manager for Single Bros.	Oue to arterio - aslerosio Chroniu myo carditis:		
Samuel Jeffries	Other conditions		
13. Birtholace Near Bristol England			
14. Maiden name Mary Susan Hocking	(Include pregnancy within 3 months of death)		
15. BirthplaceSt Just, Cornwall, England	Major findings of operations		
16. Informant Charles S. Jeffries	Autopsy results. PHYStCIAN: Please underline the cause to which death should he charged statistically.		
Address 68 West Union St , Frostburg, Md 17. Burial Dec. I3-48 (Month) (day) (year)	22. VtOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or crematory Allegany Cemetery	Where did lajury occur?		
localing Frostburg Maryland	Injured al home, farm, Industry, public place (where?)		
Frostburg Furn"& Undertaking	Beens of Injury Injured at work?		
Address Frostburg, Maryland J. K. Allust	23. SIGNATURE 2/C. Diell M.D.		
19/2-13 19.48 Mus Havey A. Rue Registrar	Address Teasthing Md. Date signed 12.13.48		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No

County Allegany City or town 309 Harrison St. Cumberland Md. (If outside city or town limits, write RURAL and give near-at town)	City or town		
How long in above place of death?			
How long in hospital or institution?	2.(a) veteran, name war		
3. (a) FULL NAME Virginia Katherine Judy 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced		3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	,
female white widow	20, DATE OF DEATH Dec. 16	19 48	10.45A
8.(b) Name of husband or wife Michael Judy	21. I CERTIFY that death occurred on the date abo		
7. Birth date of	19		
7. Birth date of deceased (mo., day, yr.) Tan. 3. 1880	and that t last saw h. O. Tali De ad	Dec. 16	19.48
deceased (mo., day, yr.) Jan. 3. 1880 8. AGE: Years Months Days It less than one day 68 // /3 hrsmin.	Right heart Pailur		at once
9. Birthplace	Due to coronary sclero adhesive pericard		several years
E 12. NameJacobOurs	Other conditions pulmonary f	ibrosis	***************************************
13. Birthplace Petersburg W.Va.	(include pregnancy within 3 months of death) Major findings of operations		
\$ 15. Birthplace Petersburg W.Va.			·
18. Informant Jacob H. Fudy	Autopsy results		
Address 68 Cresop St., Cumber and, Md. 17 Burial, eremation, or removal, Which?) Date thereof Dec. 20, 1948 (month) (ddy) (year)	22. VIOLENCE: If death was due to external car Accident, suicide, or homicide	Date of	
Cometery or crematory Hillerast Burial Fark Location Cum bestond, Md.	Where did injury occur?(City or town)	or town) (County) (State) c place (where?)	
	Means of injury	Injured at work?	
18 Funeral director for his factor	Deputy Medical Exa		any Oc.
Address Chubuffand, Zerd,	23. SIGNATURE H. V. Deming 1	1. D. H. V. Dem	other M.J.
18. Date rec'd by registrar) 19 4 5 U.S. Drawby Registrar	Address Cumberland Md.		



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

/			CERTIFICATI	E OF BEATH	Reg. Dist. No	
City or town	5 South atside city or town I of death? 2 B street address where h St. Institution?	St. C imits, write R 10n ths death occurred	e, married, widowed, or divorced	2.(a) If veteran, name war	or DECEASED: mother) unity	Number
female	white	si	ngle	2D. DATE DF DEATHDec. 1.7		
6.(b) Name of husband	or wite			21. I CERTIFY that death occurred on the date ab		
200			c) If alive, give ageyears	19.		
7. Birth date of deceased (mo., day, y				and that I last saw h 1 all the the last saw h		
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death		
O. AGE.	9	Λ	hrsmin.	Broncho-pneumonia		
	umbo mla-	a nra		Bus to		
9. Birthplace		Due to				
10. Usual occupation	Infan	7	***************************************	Due to.		
11. Industry or business				uve to		
_		shall	Kesner	Other conditions		
13. Birthplace	Frost					
	P. I.I.			(Include pregnancy within 3 months of death)		
E 14. Maiden name	setty Be	rdine	Collins	Major findings of operations		=======================================
≥ 15. Birthplace	Cumberla	nd M	d	Date of op.		
14. Maiden name Betty Berdine Collins 15. Birthplace Cumberland Md. 16. Informant Mother		Actors results				
Address						statisticany.
	./	Data the	Dec. 19 1948	22. VIOLENCE: If death was due to external ca		
17. Burial, Cremation			(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Mt. Hermon Cemetery			Cemetery	Where did Injury occur? (City or town) (County) (State)		
Location Cur	nberlan	do	1d,	Injured at home, farm, Industry, public place (w	vhere?)	
	101	, ,	les ,	bestire Medical Exa		
1B. Funeral director	1 / //0	111	rud.	THE THE PRINT OF	merci inothem	fandaa
Address Ceey		1.	0++ 501	23. SIGNATURE H. V. Deming	M.D. HV-Demin	Tr other
19 Date rec'd by re	9 1948	Und	K-Nausz M-D. Registrar			

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1. PLACE OF DEATH:

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MARYLAND STATE DEPARTMENT OF HEALTH.

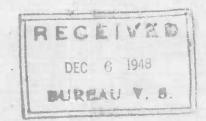
2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

Reg. Dist. No.

County	(For newborn intante give residence of mother)
	Stale Maryland County Allegany
Cily or town. Westernport, (If outside city or town limits, write RURAL and give nearest town)	City or town Westernport (If outside city or town limits, write RURAL and give nearest town)
How long In above place of death? Native	
Hospital, institution, or street address where death occurred:	Street No. 312 Front
312 Front Street,	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
	216-07-9628.
Daniel Warren Kooken	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE DE DEATH
6.(b) Name of husband or wile Ethel Kooken.	21. I GERTIFY that death occurred on the dale above stated; that testended deceased from
	Non 1 19 48, 10 Dec 3 1948
6.(c) If alive, give ageyears	and that I last saw h. Loop allive on
7. Birth date of deceased (mo., day, yr.) Sept. 4, 1877.	Immediate cause of death
8. AGE: Years Months Days If less than one day	My preterine carchorasevan
71 2 29hrs. min.	The state of the s
	despose with surgestine
9. Birthplace Westernport, Allegany, Md. (Town, county, and state)	Due to heart failure 2 yrs
10. Usual occupation	Due to
11. Industry or business West Va. Pulp & Paper Co.	
	Dither conditions.
E 2 not know	
	(Include pregnancy within 3 months of death)
E 14. Maiden name	Major findings of operations
Do not know. 14. Maiden name. Do not know. 15. Birthplace Do not know.	Major Radiage of operations
Mrs. Ethel Kooken,	
10. Interment	Autopsy results
Address Westernport, Maryland.	
Burial 12-5-48.	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Date thereof 12-5-48. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemelery or cremalory Philos Cemetery.	Where did injury occur?
	Injured at home, farm, Industry, public place (where?)
Location Westernport, Md.	
18. Funeral director (Co: Hawl) + redlock	Means of Injury Injured at Work?
Address Piedmont, West Va.	23. SIGNATURE James Gleffreston for Sylv
19. Alexas 1948 Baytinks Bar Mil	M. D. or other
19. (Date registrer) Registrar	Address / Purlament W / Date signed / 2-4-4 d



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(Date rec'd by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH Son F.E. Burry 1211 N. Charles St., Baltimore 931

CEDTIFICATE OF DEATH

		CER	TIFICAT	E OF DEATH	Reg. Dist. No	000000000000000000000000000000000000000
PLACE OF DEA	ALLA	gany		2. USUAL RESIDENCE (HOME) OF (For prewhorn infants give residence of r	DECEASED:	
or town(If ou	West utside city or town lim of death?	ernport its, write RURAL and give ne	areat town)	State Maryland Course Vester (If outside city or town limits Street No. 303 Wal	nport	
ital, Institution, or	street address where de 303 Walnu	t Street	*****************	Street No	LOCATION)	***************************************
	Institution?		***************************************	2.(a) If veteran, name war.	***************************************	
a) FULL NAME	THOMAS	S ZEDDOCK F	KOOKEN		3. (b) Social Security	Number
21	5. Color or race	6.(a)Single, married, widowed, o	r divorced		ERTIFICATION	
Male	White	Widower		20, DATE OF DEATH December 6	19 48	., at M
) Name of husband o	or wife Grac	e Rine Kooke	n	21. I CERTIFY that death occurred on the date abo	eve stated; that I attended dece	ased from
irth date of			years	and that I last saw h 1.777 alive on	42,10 Dec	19 48
eceased (mo., day, yr	May 8,			In-Alas arms of doub		OURATION
AGE: Years 78	Months 6	Days If less than one of the l	STATE OF STA	Chronic Myoe	ardifis	6475
Birthplace Ba	rton, All	egany Mary	land	Due fo		••••••
		rnan		Que to.	,	
Industry or business	W. Va. I John	Pulp and Pape Kooken	er Co.	Other conditions Chame Br	onshits	540-
13. Birthplace	New Creek	c. W. Va.		(Include pregnancy within 3 r		
	Englar			Major findings of operations		***********************
Informant	V. Browne	Kooken t, Maryland		Autopsy results	hich death should be charged	statistically.
	or removal. Which?)	Date thereof Dec emit (month)	oer 8,19	VIOLENCE: tf death was due to external cau	Date of	······································
emetery or cremator	Weste	s Cemetery rnport, Mary	land	Whera did Inju:y occur?(City or town) Injured at home, farm, Industry, public place (wi		(State)
ocation	Ellewort	h S. Boal	***************************************	Meens of Injury	Injured at work?	
Funeral director	Westernr	ort, Marylar	100 1	23. SIGNATURE OFBER	ry m.	9 .
Dec-	8 1948	Mayenba	Bur Mi	Podmant	M. D.	12/7/48

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Churtea St., Battimore

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CERTIFICATE OF DEATH

12138 Reg. Dist. No. ..

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Alleganges	(Forewhorn infants give residence of mother)
City or town	State Main County allegans
14 10	City or town (If outside city optown limits, were RURAL and give nearest town)
How long in above place of death?	D. 7 1/1
alleany Dospital	Streel No. (If rural, give LOCATION)
How tong in hospitator institution? 13 Loafo	2.(a) It wileran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Louella Clasa Lo	Rue Tone
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White married	2D. DATE OF DEATH. December 19, 19.48 ,21. 7:30.4
P. Of a Page	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Dec. 16, 1948 to Dec. 19, 19 4
1. Birth date of	and that I last saw h er alive on December 18, 19.48
deceased (mo., day, yr.) (4521 2 3 - 1908	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Coronary heart disease
40 97 26hrsmin.	
& Richnige Frather allegans no	Oue to Coronary thrombosis, Since
9. Birthplace (Town, county, and state)	posterior pattern. Oct.,19
10. Usual occupation.	Due to
11. Industry or business	DUC 10
= 12. Name Liter Cafess	Diher conditions
13. Birthplace Tursitte County	
K. P. Shriptate	(Include pregnancy within 3 months of death)
E 14. Maiden name	Major fiadings of operations.
15. Birthplace Faritte County	Bate of op
18. Informant In Cerel Loa Of Ale	Autopsy results No autousy.
Address Ponte 2: Fronthing, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1/2 // /2 - 72 -1944	22. VIOLENCE: If death was due to external causes, fill in the following:
17 (Burial, cremation, or removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory Finnel Cemeters	Whera did injury occur?
7 (1)	tnjured at home, farm, industry, public place (where?)
Location Control of the Control of t	Means of injury Injured at work?
18 Funeral director, Sollo Dage	1
Address Fifthery, Md.	23 SIGNATURE W. alfred Van Olmer
Nece 20 . 48 W. trank. Mid	M. D. or other
(Date rec'd by registrar)	Address 110 S. Centre St. Cuib. Md Date signed Dec. 20.



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MARYLAND STATE DEPARTMENT OF HEALTH

C	ERTIFICATE OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County Allegany City or town. Climberland (If outside city or town limity, write RURAL and a How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)
3. (a) FULL NAME	EASURE 3. (b) Social Security Number none
4. Sex 5. Color or race 6.(a)Single, married, wid Female White Widowed	MEDICAL CERTIFICATION 20, DATE OF DEATH DECEMBER 18 15.0
6.(b) Name of husband or wife Hayes Leasure 6.(c) If alive, give deceased (mo., day, yr.) February 9, 187	2th LEERTIEV that death occurred on the date above stated: that strended decessed from 15 10 10 11 19 18 2 10 10 11 11 11 11 11 11 11 11 11 11 11
8. AGE: Years Months Days If less that 69 10 8	one day Immediate cause of death One day rs
9. Birthplace (Town, county, and state) 10. Usual occupation (Town, county, and state)	Due to Styperfenser that Disease 10
Joseph Johnson, West Virginia	Diher conditions
14. Malden name Elizabeth Largent 15. Birthplace West Virginia	Majer fiediers of operations. None
Mrs. Chas. Leasure Address Mt. Savage, Md. Burial	PHYSICIAN: Please underline the cause to which death aboutd he charged statistically.
(Burial, cremation, or removal, Which?) Cemetery or crematory. Methodist Cemeter	h) (day) (yeer) Accident, suicide, or homicide
Mt. Savage, Mc 18. Funeral director	Means of injury Injured at work? Angel Hallinan Mit
19 Dec 19 19 48 W.A. Sto	23. SIGNATURE AND M. D. or other Registrer Address MY Lawage md Date signed M. D. or other

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Cumberland Md. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 33 Years	State
Hospilal, Institution, or street address where death occurred: 307 Pulaski St.	Street No. 30.7 Pulaski St. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Wrs. Wargaret Lebeck	3. (b) Social Security Number None
Mrs. Margaret Lebeck 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced female white married	MEDICAL CERTIFICATION about 20. Date of Death Decr. 2 19 48 44 30P.
6.(b) Name of husband or wife Louis Lebeck	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) July 16-1887	and that I last saw h exalpead Dec. 2 19 48 Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day	Exsanguination about 10 min
9. Birthplace Frostburg, Allegany Co., Maryland 10. Usual occupation Housewife 11. Industry or business	Oue to (suicide) cut throat. Right internal jugular & trachea servered. Oue to despondancy
England	Olher conditions
14. Maiden name Agnes Morrison 15. Birthplace England	(Include pregnancy within 3 months of death) Major findings of operatious
16. Informant Louis Lebeck Address Cumberland Md.	Autopsy results
17. Burial (Burial, cremation, or removal, Which?) Oate thereof. 12/5/48 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Philos Cemetery Location Westernport, Md.	Where did injury occur? Cumberland Allegany (State) Ind Injured at home, farm, industry, public place (where?) home.
18. Funeral director William H. Kight	Injured at home, farm, industry, subject of the property of th
Address Cumberland, Md.	23. SIGNATURH. V. Deming M. D. H. V. D. M. D. Yother
19. Alc. 4 18 48 M. R. Banky M. R. Bagistrar	Address Cumberland Md. Quite signed 12-2-48



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MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

329' 2411 N. Cha	irlea St., Baltimore 46 b
CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME Max Lent	3. (b) Social Security Number
4. Sex 5. Color or race S.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. December 27 19.48 1
6.(b) Name of husband or wife A7979 340 stek 6.(c) If alive, give age year 7. Birth date of deceased (mo. day, yr.) May 3, 1892	21. I pertify that death occurred on the date above stated; that I attended deceased from 19. Left to the state of the saw have and that I last saw have an alive on believe to the saw have alive on believe to the saw have a saw have have a saw have a saw have a saw have have a saw have have have have have have have have
deceased (mo., day, yr.) 124 11 tess than one day 24	in. Immediate cause of death DURATION
9. Birthplace Min sky (Jown, county, and state) 10. Usual occupation Refail for siture dealer	Due to
11. Industry or business 12. Name Tees See Les Les T	Other conditions
14. Maiden name Prossia 15. Birthplace Prossia	(Include pregnancy within 3 months of death) Major findings of operations
18. Informant Lawis Levine Address Washington, D.C.	PHYSICIAN: Please underline the cause to which death should be charged statisticany.
17. Burial, cremation, or removal. Which?) Date thereof Dec 28 194 (month) (day) (year) Cemetery or crematory EA24 View Competerly	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Company Control of Programmes Company Control of Programmes Company Control of Programmes Company Control of Con	Injured at home, farm, Industry, public place (where?) Means of injury Injured at work?
19 Address Cerdenter April, 19 19 19 19 19 19 19 19 19 19 19 19 19	23. SIGNATURE () M. M. D., or other Address 4 (Level Date speed 12 25/13

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The colling is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

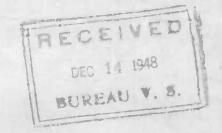
2411 N. Charles St., Baltimore

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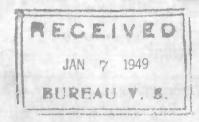
I A HOUSE DECIDENCE (TIONATE) OF DECESCED

CERTIFICATE OF DEATH

County	(For newborn infants give residence of mother) State Mary 13nd Couoly Alleghany Cily or town [If outside city or town limits, write RURAL and give nesrest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
Joseph Edward L	3. (b) Social Security Number
4. Sas 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. December 4 19.48 at 2:30 Pt
8. (b) Name of husband or wife Anna Daniel Lowery 6. (c) It alive, give age 54 years 7. Birth date of deceased (mo., day, yr.) Sep, 4, 1879 8. AGE: Years Months Days If less than ooe day 69 3 0 hrs. min.	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from 19.4 6 to Dec 4 19.4 8 and that last saw h. From alive on Plan 2 7 19.4 8 Immediate cause of death Service Carpon 19.4 8 DURATION 1/2 75.
9. 8irthplace Pala Alto Bedford Co. Penn 3. (Town, eounty, and atate) 10. Usual occupation Celanese Worker 11. Industry or business Textile 12. Name Lewis K. Lowery	Due to
13. Birthplace Pa. 14. Maiden name Emma L. Lowery 15. Birthplace Pa.	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Anna Lowery Address Ellerslie, Md, 17. Burial (Burial, cremation, or removal, Which?) Date thereof Dec. 7, 1948 (month) (day) (year)	Autopsy results PHYSICIAN: Please underline the cause to which death abould be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Commetery or crematory Palo Alto Location Landanderry Twp:, Bedford Ca., Pa. 18. Funeral director. Harvey H. Zeigler	Where did Injury occur?
Address Hyndman, Pa. 18 Del 7 19 48 W.A. Tranty M.A. (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Address Date signed 12.6.48



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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12044

	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAI. RESIDENCE (HOME) OF DECEASED: For previour infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	V Malloy none
Jewale White Sugle Married, widowed, or divorced	20, BATE OF DEATH NECEMBER 19 55 P
6,(b) Name of husband or wife	21. I DERTIFY that doubt occurred on the date above stated; that hattended depeased from Lecentury 18. 10. 10. 12. 19. 19. 19.
7. Birth date of deceased (mo., day, yr.) July 28 1876	and that I last saw he Calive on December 19 1945
8. AGE: Years Months Days If less than one day 72 4 21	In racronal Henselvey 41 hours
9. Sirthplace M. Davage allegacy Md. (Town county, and state)	Due 10 Tenrolyed arter is closes Toronary Sear denian
10. Usual occupation	Due to Generalized Rhomatica with the
12. Name	Diher conditions
14. Maiden name Mary Delle 15. 8irthplace Peursay(varie)	Major fiediogs of operations Hone
16. Informant Mrs. Mellie Dafenow	Autopsy results
Addrass 11 Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
Cemetery or crematory At. Talrecks. Ceruelery	Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
Location Representation 18. Funeral director	Means of injury Injured at work?
Address Drosthurg Md	23. SIGNATUR Camers P. Stallenan M.S.
19. Dev 2/ 1948 Vermus In Neural Registrar	my wage md. M.D. or other



MARYLAND STATE DEPARTMENT OF HEALTH

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22	1	(1	4	5)

CERTIFICATE OF DEATH

SIDENCE (HOME) OF Jun infants give residence of mo YLAND County CORRIGANSV. If outside city or town limits, vorted ame war. MEDICAL CEF DECEMBER 8	ALLEGANY ILLE Write RURAL and give nes OCATION) WAP II 3. (b) Social Security 172-16-375 RTIFICATION 19 48 stated: that I attended dece	Number 56
CORRIGANSV CORRIGANSV If outside city or town limits, v (If rural, give LO WORLD MEDICAL CEF DECEMBER 8 I death occurred on the date above	ALLEGANY ILLE Write RURAL and give nes OCATION) WAP II 3. (b) Social Security 172-16-375 RTIFICATION 19 48 stated: that I attended dece	Number 56
DECEMBER 8.	172-16-875 RTIFICATION 19. 48 stated; that I attended dece	56 ,,12:10
DECEMBER 8.	stated; that I attended dece	
t death occurred on the date above		tased from
L OA alter to U AL		ec 19 4
Shack.	·····	
-op- Adhes,	an S	
nelude pregnancy within 3 my	ner a tomas nil) a of death) Oda 3 Date of op. (a	hulis Der 48
		statistically.
or homicide	(County)	(State)
Dulles B	Injured at work? Muleur M. D.	or other
	of death Shacks Of Adhes Of Adhes Include pregnancy within 3 r operations are orderline the cause to which if death was due to external cause or homicide	are ooderline the cause to which death should be charged if death was due to external causes, fill in the following: or homicide

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DEC 14 1948
BUREAU V. S.

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NFADING INK. Supply every item of information carefully. The correct age int. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

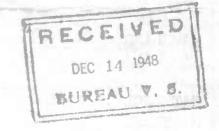
2411 N. Charles St., Baltimore

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Reg.	Diat. N	o	4

CERTIFICATE OF DEATH

1. PLACE OF I	EGANY			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County ALLIEMANI J				State MARYLAND County ALLEHANY				
(If outside city or town limits, write RURAL and give nearest town)				(411 - 2	10			
How fong in above pic	ace of death?	DAY		(If outside city or town limits, write RURAL and give nearest town)				
	or street address where			Street No. BOX 71 GORRAND	************			
			······	(If rural, give LOCATION)				
	or Institution?1	DAY		2.(a) If veteran, name war				
3. (a) FULL NA	ME MATTINGLY	BARY	WILLIA	3.(b) Social Security Number	r			
4. Sex	5. Color or race	6.(a)Singi	e, married/widowed, or divorced	MEDICAL CERTIFICATION				
MALE	WHITE	NE	W BORN	20, DATE OF DEATH	.000			
6.(b) Name of husba	nd or wife			21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from	" ac			
*************************			c) If alive, give ageye	ars 7 De 18 (f. 10 & Dec	19			
7. Birth date of deceased (mo., da	v. vr.) Dec.	7, 194	-8	and that I last saw halive on				
	ars Months	Days	If less than one day		DURATION			
		1 1	hrs	in Pleuclial, 62/16				
9. Birihplace MARYLAND Cumberland, (Town, county, and state)			erland,	Maternal aperation	***************			
10. Usual occupatio	n			Due to.				
11. Industry or busing	1035							
	MATTINGLY	DANIE	I	Other conditions				
13. Birthplace 1	MARVIAND		4					
	The same of the sa	EGINA	Emao.	(Include pregnancy within 3 months of death)				
14. Maiden nar 15. Birthpiace	ne	000	Tall Lakeria	Major findings of operations				
₹ 15. Birthplace	A STATE OF THE STA	Se se se	10	Dale of op.				
	MEMORÍA	L HOPI	TAL	Autopsy results				
				PHYSICIAN: Please underline the cause to which death should be charged statistics	ally.			
	MEMORIA			22. VIOLENCE: If death was due to external causes, fill in the following:				
17. DUT	on, or removal. Which	Date ther	eof Dec 10 1948 (month) (day) (year)	Accident, suicide, or homicide,				
	8 8	Peter	& Paul	Where did Injury occur?				
Cemetery or crem	210ry	*****************	***************************************	Injured at home, farm, Industry, public place (where?)				
	Cumberland							
18. Funeral directo	Н. "а	yne Ge	orge	Means of Injury Injured at work?				
Address	Cumberla			Sullar Blot. Time	N			
				23. SIGNATURE M, D, or other				
19 CC.	registrar) 18 4 D	ls	K-Oraus MRegist	our c	سر			



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MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

2411 N. Cha	irles St., Baltimore 94 a
CERTIFICA	TE OF DEATH
1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	
How long in above place of death?	Name 114 Tennor Disce
How long In hospital or Institution?	2.(a) ti veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Tohn Dohant MaDanaugh	213-12-9068
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH
6.(b) Name of husband or wifeTheresaB.Berkenbough	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
McDonough 6.(c) If alive, give age 75 yea deceased (mo day. yr.) Sept. 15-1871	and that I last saw h. 1. M. alub Ga. C
8. AGE: Years Months Days It less than one day	Immediate cause of death Angina Pectoris 7 ye
9. Birthplace	
10. Usual occupationlaborer	Due to.
11. Industry or business Crystal Laundry	500 (0
12 Name Charles Mc Donough	Other conditions
13. Birthplace Treland	
E 14. Maiden name Suphomia Tate	(Include pregnancy within 3 months of death) Major findings of operations.
	Date of op
16. Informant. wife) Mrs. John R. McDonough	Autopsy results.
Address Cumberland Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically
17. Burial (Burial, cremation, or removal, Which?) Date thereof 27, 1998 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory St. Patricks Cemetery	
Location Cumberland Md	
18. Funeral director. Like J. Hafu Address Jun Land Md	Means of Injury Medical Examiner - Allegany
19 Dec. 26, 1948 W.R. Franky, M.J. (Date rec'd by registrar)	Address Cumberland Md. Date signed 12-2

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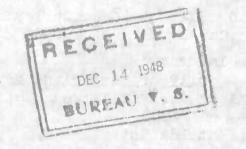
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

		1
Dist	No	4

CERTIFICA	TE OF DEATH Reg. Dist. No.	7
I. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State	
How long in acover place of death occurred: How a Buckingham Road. The drugle How long in hospital or institution?	Street No. 4 Boone St. (If rural, give LOCATION)	
3. (a) FULL NAME Albert Walter Middleton	3. (b) Social Security 220-10-2	prity Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male White married	2D. DATE DF DEATH Dec. 10 ts	48,10.45A
S.(b) Name of husband or wife Charlotte Meagher Middle		
5.(c) Name of husband of wife 5.11342 25 3.00 and 5.(c) ff alive, give age		19
7. Birth date of	and that I last saw h	
8. AGE: Years Months Days If tess than one day	Coronary thrombous	
56 5 17hrsm	in.	
9. Birthplace Carlos Md. (Town, county, and state)	Due to coronary sclerosis	
10. Usual occupation laborer		
tt. todustry or business City of Cumberland Md.	Due to	
12. NameAlexander Middleton Maryland	Other conditions Cardiac hypertrophy	
	(Include pregnancy within 3 months of death)	
	Major findings of operations	
	Date of op.	
to Interment Mrs. Charlotte Middleton	Autopay results	aread statistically
Address 4 Boone St., Cumberland, Md.		
17. Burial Date thereot. 12/13/48 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide,	*****************

Cemetery or crematory Allegany Cem. Frostburg, Md.		(State)
Location	Injured at home, tarm, industry, public place (where?)	
18. Funeral director Charles L. George	Means of injury Medical Examiner folured at work	liegany
Address Cumberland, Md.	23. SIGNATURE H. V. Deming M.D. H.V.D.	my M.a
19 Dec 1/2 19 48 WK- Franky M. D. Registr	5 2 2 2 2 2 2 2 3 7 4	gned12-10-48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

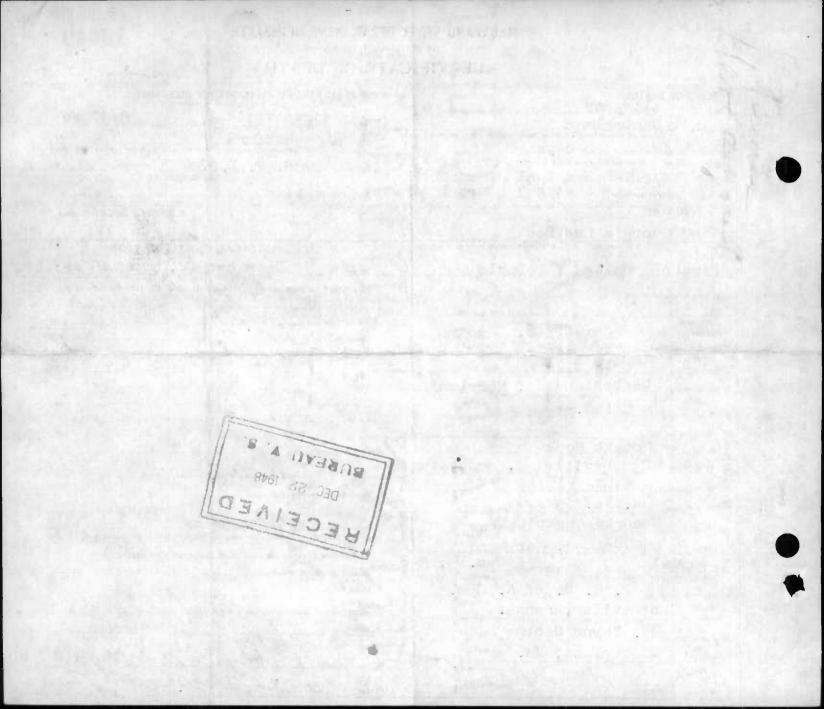
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Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For previous infants give residence of mother)	7. 1
County Allegany	Denney lyon is Dedford	
Clity or town Cumberland (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 5 days	City or town. Bedford (If outside city or town fimits, write RURAL and give nearest town))
Hospital, Institution, or street address where death occurred:	Street No. R. F. D. 3	
Memorial Hospital	(If rural, give LOCATION)	,
How long In hospital or Institution? 5 days 7 hours 5 minut	P &(a) It veleran, name war	V
3. (a) FULL NAME	3. (b) Social Security Number	
Georgia Lee Mock	More	534
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Single	20. DATE OF DEATH. December 12, 19 48 at 9:1	15P
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above plated that I altended deceased from	110
	12.7 15/8 10 12-12	to gr
7. Sirth date of	and that I last saw h C. Lalive on 19	48
deceased (mo., day, yr.) January 25, 1943	Immediate cause of death	ATION
o. Adl.	Alburulus Po	CCOU
5 10 3/7hrsmin.		
9. Birthplace Cumberland Maryland (Town, county, and state)	Due to.	
Child		
10. USUAL OCCUPATION.	Due to	
11. Industry or business		
E 12. Name Robert Mock	Other conditions	
13. Birthplace Centreville , Pennsylvania	(Include pregnancy within 3 months of death)	
E 14. Malden name Wanna Keller	Major findings of operations	
14. Malden name Wanna Keller 15. Birthplace W. Va., Marlington	Date of op.	
16 Informant Memorial Hospital	Autopsy results 1020	
10. III UII III II II II II II II II II II	PHYSICIAN: Please underline the cause to which death should be charged statistically	1
	22. VIOLENCE: If death was due to external causes, filt in the following:	
(Rursal eremation or removal Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory P. O. S. of A. Cem.	Where did Injury occur? (City or town) (County) (State)	
Centreville, Penna.	Injured at home, farm, Industry public place (where?)	1
LOCATION	Means of Injury Injured at work?	
18. Funeral director H. Nayne George	ALWER - X	1
Address Cumberland, Md.	23. SIGNATURE & COLOR CO	
19 Dec 13, 1948 W. Frank M.D.	25 The and Trucker Sep. or other	100

UNFADING INK. Supply every item of information carefully tant. Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING

PLEASE



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12050

_			CERTIFICA	IE OF DEATH	Reg. Dist. No.	
1. PLACE OF DEATH: Allegany				2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewhorn infants give residence of mather)		
County			RURAL and give near-st town) d: tal	State Maryland Comparison	s, write RURAL and give nearest town)	
3. (a) FULL NAME					3. (b) Social Security Number	
	MRS.	JENN	IE VERNIECE MOR	RIS	217-10-7576	
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Female	White		Married	20, DATE OF DEATH December 23	19 48 , at 4:00 A	
6.(b) Name of husband 7. Birth date of deceased (mo., day, ye		6.(c) tt alive, give age 32 year	21. I CERTIFY that doubt occurred on the date about 18. and that I tast saw h	4010 17 73 19 47 19 47 19 48	
8. AGE: Years	Months	Days 10	If tess than one day	The state of the s	4	
9. Birthplace			atate)	Due to Due to	thulis llate	
12. Name	Not kno	W11		Bther conditions		
The same of the sa	Jennie M	cCread	v	(Include pregnancy within 3	months of death)	
14. Malden name 15. Birtholace	Duncansvi			Major fiedings of aperations		
			a. •			
John T. Morris Address 223 Fulton St. Cumberland, Md.			rland. Ma.	PHYSICIAN: Please underline the cause to w	hich death should he charged statistically.	
Burial Dec. 24, 1948 (Burial, cremation, or removal, Which?) Cemetery or crematory Hill Crest Burial Park Cumberland, Md. 18 Funeral director William H. Kight			med Dec. 24, 1948 (munth) (day) (year) urial Park	22. VIOLENCE: If death was due to external car Accident, suicide, or homtcide		
19 Dec. 24 18 48 W.R. Frank M.D. (Date rec'd by registrar) Registrar			R. Frank M.D	23. SIGNATURE Address of Address	M. D. nr other Bate signed / 23	

DEC 29 1948
BUREAU V. S.

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2411 N. Charles St., Baltimore

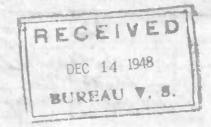
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CERTIFICATE OF DEATH

Diat. No.

	Top: District Not minimum and the second sec
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
ounty Mugacy	State Granyland County Allegans
Ity or town	
w long in above place of death?	City or town
ospital, ipetitution or street address where death occurred;	
allegan Hospital	Street No
long in hospital or institution.	2.(a) If veteran, name war
(a) FULL NAME	3. (b) Social Security Number
Gmory Ernesh	morrison none
Sex 5. Color or tace 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Granud	20. DATE OF DEATH Dec 9 19 48 at 406
(b) Name of husband or wife Lillian Inuldooly.	21. I CERTIFY, that death occurred on the date above plated; that I attended deceased from
	19/5, 10 Dec 9 19.
Birth date of	and that Plast saw h. Gospa alive on del 9 19
deceased (mo., day, yr.) June 26 1893	Immediate cause of death
AGE: Years Months Days If less than one day	husocadia judantica
55, 5 13ni	n
Girinpiace Salistany Pal.	Due to Cordely Chrombon, 120ce
a la la	
Usual occupation	Oue to life no selo de la company 20 9
Industry or business State Rd. Com.	
12. Hame Johnson Commence	Other conditions Uluboting to the Millian (
13. Birthplace	(Include pregnancy within 3 m) nths of death)
14. Malden name Lydia Priso	
15. Birthplace Pal.	Major fiediogs of operations.
1 13. Birthplace	Date of op.
Interment Ins & E. Dresson	Autopsy results
Address Campanismelle mis	
Basial Date thereof Dec 13 '41	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremotion, or removal, Which?) Date Increof (month) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory It Vatuato Bem.	Where did injury occur? (City or town) (State)
Ort Savage, Ind.	Injured at home, farm, industry, public place (where?)
Location	Means of injury Injured at work?
8. Funeral director. Arms Slem June	mound of things
Address Comberland	As Of a leson
a 11 Hd mpg + mil	23. SIGNATURE M. D. for other
December 18 18 18 18 18 18 18 18 18 18 18 18 18	1 Address 1 22 Bedforest week naise 12/10/
(Date ree o by registrar) . Registra	II AUUIESS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1645

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY	H. Allegany	MARYLAND	2. USUAL RESIDENCE STATE Md .	(HOME) OF DEC	EASED COUNT	legany	,
CITY (If outside cook give nearest TOWNRUTAL	orporate limits, write RURA		Corrigans	ville		()	
HOSPITAL OR INSTITUTION OF STREET ADDRE	R SS		STREET ADDRESS	(If rural, g	rive location)		3
3. NAME OF DECEASED (Type or Print)	(First) Marcella	(Middle)	(Last) Murrav	4. DATE OF DEATH	(Month) Dec.	(Day) 17	(Year) 19 4
5. SEX Female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MATTICA	8. DATE OF BIRTH April-8-19:	9. AGE last birt.	yrs. Months.	1 year If unde Days Hours	Mln.
10a. USUAL OCCUP.	ATION (Give kind of work vorking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stat	e or foreign country)	12	COUNTRY?	
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDE	EN NAME			
Robe	ert Murray ver In U.S. Armed Forces	1.10.0	Elsie	Fuller			
(Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If year, give war or dates of eervice)	f 16. SOCIAL SECURITY No.	George Muri	ray (hus	band)		
I. DISEASES OR CO	ONDITIONS DIRECTLY	18. MEDICAL CE LEADING TO DEATH	ERTIFICATION			INTERVAL BE ONSET AND	
Immediate	e cause (a)	Drowning				?	***********
Anteceder	nt cause(s)					?	
giving rise to	conditions, if any, (b) o the above cause inderlying cause last			000 000 000 00 H0 00 000 0H H 0H H 0C H H 0 0H COC		***************************************	arababa o pajanap menapag nya
Conditions contribu	CANT CONDITIONS uting to the death but not se or condition causing deat	h.	100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	*** *** *** *** *** *** *** ***	77 98 98 98 98 98 98 98 98 98 98 98 98 98	************
		INDINGS OF OPERATION				20. AUTOP	SY?
						Yes 📆	No 🗆
21. ACCIDENT SUICIDE From HOMICIDE S1	om att induction	CE (Home, farm, factory, street, concerns, etc.) RY Jennings	Run Corrigar	sville	(COUNTY) Allegar	A	
TIME (Month) OF INJURY De.C.	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? FOO tprints led to of old station.						
22. I hereby cert	ify that I attended the	deceased from Feb.	27, 1949, to	19	that I last s	aw the dece	ased
22. I hereby certify that I attended the deceased from Feb. 27, 1949, to							
SIGNATURE	U.a.G. (, 19.5), an	(Degree or title)	ADDRESS	ne causes and or	the date st	DATE SIG	NED
H.V.Deming	M.D. H.V.Z	AME OF CEMETE	Cumberland I	Id . LOCATION (City		. 28-194 (St.	ate)
REMOVAL (Specify) Burial 3/1/49 Reformed Cemetery Myersdale Pa.						-30/	
DATE REC'D BY		SIGNATURE	24. FUNERAL DIREC'	ror"		ADDRESS	
Tex. 28,1	949 4. Kila	ug Walfe	Harvey Ho	Zeigler	Hvnd	mav, Pa	•



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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WXH UNF is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

<i>P</i>	Nog: District
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County allegajus	(For newborn infinite give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or town
How long in above place of death?	127 PJ Just.
127 Coolumbia St.	Streel No(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
alba James "	1 yers 20-10-03/9
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorce	MEDICAL CERTIFICATION
male white widowed	20. DATE OF DEATH & Sec 11 18 48, 21 6:30 P. M.
Thomas B. Golia	21. I CERTIFY that death occurred on the date above stated: that I altended deceased from
6.(b) Name of husband or wife	850-20 1946 10 020 11 1948
7. Birth date of S. (c) If alive, give ageyears	and that I last saw house alive on 820 - 11 - 18 48.
deceased (ma., day, yr.) June 10, 1882	Immediate came of death
8. AGE: Years Months Days II less than one day	Chronio Rephalling
66 6 /hrsmin.	
9. Birthplace Parsona, Incher Co. W. Va.	Due to.
9. Birthplace. (Fown, county, and state)	
10. Usual occupation. Ketted Engineer	Due fo
11. Industry or business W. Md Rdilway.	000 10.
12. Name Bessiamin Myers	Other conditions
13. Birthplace Aucker County, W. Va.	
ma Phillips	(Include pregnancy within 8 months of death)
14. Maiden name Massa County, W. Ma.	Major findings of operations
\$ 15. Birthpiace Kulkel County, W. Mg.	
18 Informant Melun Typers	Autopsy results.
Address 127 Colingbra St- Cumberland to	HYSICIAN: Please underline the cause to which death should be charged statistically.
12 0 20 11 19119	422. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removel, Which2)	Accident, suicide, or homicide
Cemetery or cremajory Zwa Wenninal Park	Where did Injury occur?
Cemeters of Community of Commun	Injured al home, farm, Industry, public place (where?)
Location Charles and Management	Means of injury Injured at work?
18 Funeral director John S. Hafer	Missis or more
Address Penherand, and.	1. hollesborn 14
Audicos Marine State of the man	23. SIGNATURE M. D. or other
19 Alc - 3, 194 What Paul By Registrar Registrar	Address 49 meiel 2 Date signed 12-13-48
(Date rec'd by registrar)	NUCLEAR AND ADDRESS OF THE PARTY OF THE PART



Marine Day

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County
State. City or town. City or town.
City or town (If principle city of Acwin limits, write RUBAL and give nearest town) Now long in above place of death? Collicary Collicary Collicary Collicary Collicary City or town limits, write RURAL say give nearest form) Streel No. City or town limits, write RURAL say give nearest form) Streel No. City or town limits, write RURAL say give nearest form) Streel No. City or town limits, write RURAL say give nearest form) Streel No. City or town limits, write RURAL say give nearest form) Streel No. City or town limits, write RURAL say give nearest form) Streel No. City or town limits, write RURAL say give nearest form) Streel No. City or town limits, write RURAL say give nearest form) Streel No. City or town limits, write RURAL say give nearest form) Streel No. City or town limits, write RURAL say give nearest form) Streel No. City or town limits, write RURAL say give nearest form) Streel No. City or town limits, write RURAL say give nearest form) Streel No. City or town limits, write RURAL say give nearest form) Streel No. City or town limits, write RURAL say give nearest form) Streel No. City or town limits, write RURAL say give nearest form) Streel No. City or town limits, write RURAL say give nearest form) Streel No. City or town limits, write RURAL say give nearest form) Streel No. City or town limits, write RURAL say give nearest form) Streel No. City or town limits, write RURAL say give nearest form) Streel No. City or town limits, write RURAL say give nearest form) Streel No. City or town limits, write RURAL say give nearest form) Streel No. City or town limits, write RURAL say give nearest form) Streel No. City or town limits, write RURAL say give nearest form) Streel No. City or town limits, write RURAL say give nearest form) Streel No. City or town limits, write RURAL say give nearest form) Streel No. City or town limits, write RURAL say give nearest form) Streel No. City or town limits. Streel No. City or town limits. Streel No. City or
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Action long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 2. (a) If veleran name war 3. (b) Social Security Number 2. (a) If veleran name war 3. (b) Social Security Number 2. (a) If veleran name war 3. (b) Social Security Number 2. (a) If veleran name war 3. (b) Social Security Number 2. (a) If veleran name war 3. (b) Social Security Number 2. (a) If veleran name war 3. (b) Social Security Number 2. (a) If veleran name war 3. (b) Social Security Number 2. (a) If veleran name war 3. (b) Social Security Number 2. (a) If veleran name war 3. (b) Social Security Number 2. (a) If veleran name war 3. (b) Social Security Number 2. (a) If veleran name war 4. (b) Value of Death 4. (a) Single, marrise, widowed, or duorced. 4. (a) Single, marrise, widowed, or duorced. 4. (a) If veleran name war 4. (b) Value of Death 4. (c) Death 5. (c) If alive give age 6. (c) If alive give age 7. (c) If alive give age 9. (d) Alive on the date above states; that attended decagated from and that I last saw h 10. (d) Alive give age 11. (d) Alive give age 12. (d) Alive give age 13. (e) Death 14. (e) Alive give age 15. (e) If alive give age 16. (e) If alive give age 17. (e) Alive give age 18. (e) Alive give age 19. (e) A
A Sex S. Color or race S. (a) Single, married widowed, or dispersed. A Sex S. Color or race S. (a) Single, married widowed, or dispersed. A Sex S. Color or race S. (a) Single, married widowed, or dispersed. A Sex S. Color or race S. (a) Single, married widowed, or dispersed. A Sex S. Color or race S. (a) Single, married widowed, or dispersed. A Sex S. Color or race S. (a) Single, married widowed, or dispersed. A Sex S. Color or race S. (a) Single, married widowed, or dispersed. A Sex S. Color or race S. (a) Single, married widowed, or dispersed. A Sex S. Color or race S. (a) Single, married widowed, or dispersed. A Sex S. Color or race S. (a) Single, married widowed, or dispersed. A Sex S. Color or race S. (a) Single, married widowed, or dispersed. A Sex S. Color or race S. (a) Single, married widowed, or dispersed. A Sex S. Color or race S. (a) Single, married widowed, or dispersed. A Sex S. Color or race S. (a) Single, married widowed, or dispersed. A Sex S. Color or race S. (a) Single, married widowed, or dispersed. A Sex S. Color or race S. (a) Single, married widowed, or dispersed. A Sex S. Color or race S. (a) Single, married widowed, or dispersed. A Sex S. Color or race S. (a) Single, married widowed, or dispersed. A Sex S. Color or race S. (a) Single, married widowed, or dispersed. A Sex S. Color or race S. (a) Single, married widowed, or dispersed. A Sex S. Color or race S. (a) Single, married widowed, or dispersed. A Sex S. Color or race S. (a) Single, married widowed, or dispersed. A Sex S. Color or race S. (a) Single, married widowed, or dispersed. A Sex S. Color or race S. (a) Single, married widowed, or dispersed. A Sex S. Color or race S. (a) Single, married widowed, or dispersed. A Sex S. Color or race S. (a) Single, married widowed, or dispersed. A Sex S. Color or race S. (a) Single, married widowed, or dispersed. A Sex S. Color or race S. (a) Single, married widowed, or dispersed. A Sex S. Color or race S. (a) Single, married widowed, or dispersed. A Sex S. Color o
8. AGE: Years Months Days If less than one day 9. Birthplace
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced. 20. DATE OF DEATH 2.2. December 19. 48. at 3. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 48. at 3. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 48. at 3. 22. DATE OF DEATH 2.2. December 19. 48. at 3. 23. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 48. at 3. 24. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 48. at 3. 25. I December 19. 48. at 3. 26. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 48. at 3. 27. Birth date of 19. 48. at 3. 28. AGE: Years Bonths Days It less than one day 19. 48. at 3. 29. Birthplace. Cause of death Days It less than one day 19. 49. at 3. 20. DATE OF DEATH 2.2. December 19. 48. at 3. 20. DATE OF DEATH 2.2. December 19. 48. at 3. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 48. at 3. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 48. at 3. 22. DATE OF DEATH 2.2. DECEMBER 19. 48. at 19. at 19. 48. at 19.
20. DATE OF DEATH. 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that f attended deceased from the date above stated; the date above stated from the date above stated from the date above stated from the date a
20. DATE OF DEATH. 21. I GERTIFY that death occurred on the date above stated; that f attended descased from 5. (c) If apply give age 5/years 7. Sirth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace Cause Undertained the state of deceased (Town, county, and atute) 10. Usual occupation Original Language Agents 11. Industry or business Cause Office (County) and atute) 12. Name Office (County) and atute) 13. Other conditions 14. Other conditions 15. Other conditions 16. Other conditions 17. Other conditions
20. DATE OF DEATH. 21. I GERTIFY that death occurred on the date above stated; that f attended descased from 5. (c) If apply give age 5/years 7. Sirth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace Cause Undertained the state of deceased (Town, county, and atute) 10. Usual occupation Original Language Agents 11. Industry or business Cause Office (County) and atute) 12. Name Office (County) and atute) 13. Other conditions 14. Other conditions 15. Other conditions 16. Other conditions 17. Other conditions
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Birth date of deceased (mo. day.yr.) 3. AGE: Years Months Days If less than one day 5. Due to. Birthplace
Birthdate of deceased (mo., day, yr.) AGE: Years Months Days If less than one day Birthplace. Green Land College of the County and atute) Due to Due to Dither conditions.
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Birthplace County and atute) Birthplace County and atute) Oue to Co Si or Joygua V Oue to Co
Birthplace County And atter (Town, county and atter) Due to Co Since Or June V Due to Co Since Or Ju
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D. Usual occupation. 6 negrotery and atute) 1 Industry or business Calana (6 np. 12. Name
1 Industry or business Calcanage Corp. 12. Name Caranage Caranage Other conditions Other conditions
1 Industry or business Calcanage Corp. 12. Name Calcanage Conditions Other conditions
12. Name Colors G. Helphyang Other conditions
13. Birthplace (Ourself of day 1920) (Include programmy within 3 months of deuth)
March Musich
15. Birthplace Me Coole Dyd Major findings of uperations
3 by 32
6. Informant. Autupsy results
W. (V. A.) / · + · · · 7/ · · · · · · · · · · · · · · ·
Address of 6. 1991 I read 12 - 14-1948 Accident, suicide, or homicide
(Rurial eremation or removal, Which?)
Cemetery or crematory Dalf County) Where did Injury occur? (City or town) (County) (State)
Location Grenite land Ind Injured at home, farm, Industry, public place (where?)
Means of Injury Injured at work?
18 Funeral director della financia della financia della financia di la financia d
Address Frostling Myd.
M. D. Orashor
19. A 18 to the Date rec'd by registrar Address Address Address Date signed 2/1

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DEC 16 1948

BUREAU Y. S.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No..

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
	State Maryland County Allegany
City or town. Cumberland (If outside city or town limits, write RURAL and give nearest town)	0
How long in above place of death? 9 Days	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Memorial Hospital	Street No. 730 Bedford Street
How long In hospital or institution? 9 Days	(If rural, give LOCATION)
	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Miss Grace F. Oliver 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	214-03-61
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Single	20. DATE OF DEATH DEC. 25 1948 at 11:
A/EV W	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Dec. 18. 19 48 10 Dec 25, 19
7. Birth date of	and that I last saw be alive on the 18
deceased (mo., day, yr.) June 13, 1886t Virginia	
8. AGE: Years Months Days If less than one day	Immediate que condiçath care brok flower by
62 6 12hrsmin.	Loft Humpligue "
s. Birthplace Piedmont, Mineral Cowest Virginia	Due to
(lown, county, and agate)	Rhamotic Carelities of
10. Usual occupation House med Employee	Due to
11. Industry or business Cumperland, Talendry	
E 12. Name George W. Oliver	Dther conditions
₹ 13. Birthplace West Vinginia	(include pregnancy within 3 months of death)
H 14. Maiden name Ida Berkly	
15. Birthplace West Virginia	Major findings of operations.
Memorial Hospital	Date ot op
es. interment	Autopsy results
Address Cumberland, Md.	
17. Burial Date thereof 12/28/48 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;
(contain or transfer or trans	Accident, suicide, or homicide
Cemetery or crematory Rose Hill Cemetery	Where did Injury occur?
Location Cumberland, Md.	Injured at home, farm, industry, public place (where?)
18 Funeral director William H. Kight	Means of injury Injured at work?
Chamborland Md	as & fursing
AUDIE53	23. SIGNATURE Clayl. Survey
19 Dele 28, 18 48 WK Janh M.D	M. D. opother
(Date rec'd by registrar) Registrar	Address Date signed

BINDING FOR RESERVED MARGIN age

UNFADING INK. Supply every item of information carefully. The correct ant. Physicians: please write the causes of death clearly and legibly.

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214-05-6152

STATE OF THE MONTH WASHINGTON

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BUREAU T. S.

NUTH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

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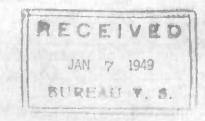
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12056

CERTIFICATE OF DEATH

02	Reg. Dist. No.
1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or town	e nearest town) State WCS VITEITIE County
How long in hospital or institution? 4 days	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Martha Pettet	None *
4. Sex 5. Color or race 6.(a) Single, married, widow	ed, or divorced MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH December 26, 19.48, at 8:40. P
6.(b) Name of husband or wife Robert Pettet	21. I CERTIFY that death occurred on the date above stated: that I altended deceased from
7. Birth date of deceased (mo., day, yr.) December 6, 1860	ge years and that I last eaw h & alive on Alex & 6 19 4
8. AGE: Years Months Days If less than	the land allements
9. Birthplace Bethany West V (Town, county, and state) Housewife 11. Industry or business 12. Name James McDougan 13. Birthplace West V	Due to
14. Maiden name Amanda Weaven	Major hadings of operations
15. Birthplace West V 16. Informant Memorial Hospital Address Cumberland, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Rate therent 12/	h) (day) (year)
Location Cumberland, Md.	
18. Funeral director William H. Kight	Meane of Injury Injured at work?
Address, Cumberland, Md. 19 All 28 19 48 U.R. Jacobs (Date rec'd by registrar)	MAGO REGISTER Address 14 / Sull of Manual Signed Man 1/5



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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,		CERTIFICA	TE OF DEATH Reg. Diat. No. 4
How long in above place Hospital, Institution, or	MBERLAND parallel of death? Street address where delighted the street address the street addr	colal	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME		W I reference des une destat de la company d	3. (b) Social Security Number
MAE	L. POLAN	TD	Thone
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE	WHITE	MARRIED	20. DATE OF DEATH. DECEMBER 17, 1948
6.(b) Name of husband 7. Birth data of	-	EY L. POLAND 6.(c) If alive, give age	21. I CERTURY that death occurred on the date above stated; that Lattended deceases from
deceased (mo., day, y 8. AGE: Years	november	26, 1911 Days If less than one day 1/	Immedigiograpie et Ceath Statie D. DURATION
9. Birthplace 10. Usual occupation 11. Industry of basiness 12. name	MOUSE KI	IRGINIA ounty, and state) europe INE	Due to. Diher conditions
置 t4. Malden name	W,VA, MARTHA W.V	MICHAEL	(Include pregnancy within 3 months of death) Major findings of operations.
	EMORIAL H	IOSPITAL ID, MARYLAND Date thereof Dec 19/149 (month) (day) (year)	Actopsy resolts. PHYSICIAN: Please underline the caose to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or cremato Location	er or	Mexica was	Whera did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
19. Dute rec'd by re	9 19 4 8	W. K. Dark, M. D.	(1) or other 12/186

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BUREAU V. S.

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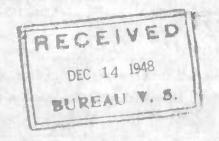
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

	10,110
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
Countyallegany	(For newborn intents give residence of mother)
City or town Marrolus Vando Man Cumbelland (If outside city or town limits, write RURAL and give nearest town)	State MA County allegans
How long in above place of death? 3545	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital institution, or street address where deat Occurred:	Street No. Pt 6 Cumberland Jud.
Rt 6, Cumberland, ma	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veleran, name war
3. (a) FULL NAME	3.(b) Social Security Number
george Homer	line
4. Sex 5. Color or size 6(3) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH Dec 8 19 48 31 /1: 50 Pm
Surviva Binnid	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	1,46 1, 12-6114
7. Birth date of	and that I last saw h Att alive on 19 6
deceased (mol day, yr.) Ale 19, 1873	Impresinte cause of death
8. AGE: Years Months Days If less than one day	construction Again
74 // Minmin.	
9. Birthplace Everett Gelford Co. (Jown, county, whi atate)	Due to
Targette of	
10. Usual occupation	Due to
11. Industry or business Complete Control Control	
12. Name John Price	Other conditions
	(Include pregnancy within 3 months of death)
E 14. Maiden name Fouqueda Juanage	Major findings of operations.
14. Maiden name Souauda Sudvidge 15. Birthplace Ta:	Date of op.
16. Informant Turs ges H Price	Aotopsy resolts
Address Pt 1 Cumberland Tud.	PHYSICIAN: Please noderline the caose to which death should be charged statistically.
12 12 19118	22. VIOLENCE: It death was due to external causes, till in the toilowing;
17. (Burial, cremation, or removal. Which?) Date thereol. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Helcrest	Where did injury occur?
Location Cumberland; Judo	Injured at home, farm, Industry, public place (where?)
De D. 741.	Means of Injury Injury Injury
18. Funeral director.	7 10 100
Address chulenand ma	23. SIGNATURE M. D. or other
18 fec. 16 19 48 luf Dans M.D.	and planted 12+12A
(Date rec'd by registrar) Registrar	A MODIFIES A MODIFIES AND



(Date rec'd by registrar)



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WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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FOR BINDING

MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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		·ALC		111111111111111111111111111111111111111	

	Keg. Dist. No.
1. PLACE OF DEATH: County ALLEGANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State MARYLAND County ALLEGANY City or town CUMBERIAND (If outside city or town limits, write RURAL and give nearest town) Street No. 802 MARYLAND AVENUE (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME BABY BOY ROBISON	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE SINGLE	20. DATE OF DEATHDECEMBER 22 19 48 31 8:50 P.
6.(b) Hame of husband or wife	21. I CERTIFY that death occurred on the date above stated: that 1 strended deceased from 19. 4. 5. 10
8. AGE: Years Months Days If tess than one day 19hrs. 29min.	Immediate cause of death.
9. Birthplace CUMBERIAND ALLEGANY MARYIAND (Town, county, und state) 10. Usual occupation. 11. industry or business 12. Name LESTER ROBISON 13. Birthplace PENNSYLVANIA 14. Maiden name DOLLY S. SHANHOLTZ 15. Birthplace MARYLAND	Due to Due to Other conditions (Include pregnancy within 3 months of death) Major fieldings of operations Oate of op.
Address MEMORIAL AVE., CUMBERIAND, MD. 17. Burio Date thereof Dec. 24, 1948 (month) (day) (year) Cemetery or crematory Hillers & Buriol Park Location Comberland	Autopsy results PHYSICIAN: Please moderline the cause to which death should be charged/statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
18. Funeral director foliated for Staffer and Sud. 19. Dic 7 4, 19 4 J. W. Braug M. Registrar	23. SIGNATURE M. D. parshee Address Date signed

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DEC 28 1948
BUREAU Y. S.

A CONTRACTOR OF SEC.

WELLEY AND STATEMENTS

DEC 28 1948

BUREAU V. S.

WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

PLEASE WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infant Agive residence of mother)
County	State Zudin County allegany
City or town	City or 10mg Cumberland
How long in above place of death?	(If outside city or town limits, write RURAL and give neurest town)
menoral Hospital	Street No
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Samel Webster	, ayou your
4. Sex 5. Color or sace 6.(a) Single, married, widowed, or divorged	MEDICAL CERTIFICATION
Male warred	20, DATE OF DEATH. Dec 8 19 40, at 10:30Am
8.(b) Name of husband or wite Jolitha Parsons	21. I CPRYIFY that death occurred on the date above stated: that i attended deceased from
	New 10 10 7 10 10 10 10 10 10 10 10 10 10 10 10 10
7. Birth date of deceased (mo., day, yr.) afer 2, 1858	and that I last saw be talive on Alle 19 DURATION
8. AGE: Tears Months Days Il less than one day	beiling attendence year
90 8 6hrsmin.	
9. Birthplace (Town, Spunty, and state)	Due to
10. Usual occupation Carman	
11. industry or business W. W. Railroad	Due to
	Diher conditions
12. Name Bevely W. Va.	(Include pregnancy within 3 months of death)
# 14. Maiden name Unbrown	
14. Maiden name Unbnows 15. Birthptace	Major findings of operations
18 Interment Frederick E. Ryang	Antopsy results
Address 13 7 arch St - Cumberland Tys	PHYSICIAN: Please underline the cause to which death should be charged statistically.
A 0 10110	22. VIOLENCE: Il dealh was due to esternal causes, lill in the following:
17. (Burial, eremation, or removal, Which') Date thereof	Accident, suicide, or homicide,
Cemetery or crematory. Tellerest, ewelgry	Where did injury occur?
Location Cumberland, high	Injured af home, farm, Industry, public place (where?)
18. Funeral director John J. Hafler	Means of Injury Injured at work?
Address Camber Cand and	B. M. & Rundler.
Dog 10 45 (no trout M.)	23. SIGNATURE MD PROPRIET
(Date rec'd by registrar) (Date rec'd by registrar)	Address of Date signed Milas highlight

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CARCULATED CONTRACTOR OF THE CONTRACTOR

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DEC 14 1948
BUREAU V. 8.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

CA			CERTIFICA	IL OI D	LAIII	R	eg. Diat. No	······································
1. PLACE OF DEAT	ANY			(For new	ESIDENCE (HOM born infants give reside	ence of mother)		
City or town CU	MBERLAN	D	URAL and give nearest town)					
			URAL and give hearest town;	City or town	CUMBER	LAND	IIRAL and give ne	erest town)
How long in above place o Hospital, institution, or s	f death?	death occurred	:					arest sown,
ME	MORIAL	HOSPIT	AL	Street No	ll NORTH	L.C.CO.L.D.		
	Freit (Tr) (richt (richt (richt)) (richt (richt)) (richt)	****************	S	2 (a) if votoron	, name war			
How long in hospital or i	ns III u II on ?	M.M	•••••••••••••••••••••••••••••••••••••••	2.(4) 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, tiams wat			** 1
3. (a) FULL NAME						3. (6)	Social Security	Number
RUSSEL	L E. SA	UM				1/4	me	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced		MEDICA	L CERTIF	ICATION	
MALE	WHITE	MAF	RIED	20, DATE OF DEA	ATH DECEMBE	R 7,	1948	7:201
6,(b) Name of husband o	MARG	ARET S	MITTER	21. I CERTIFY II	hal death occurred on the	dale above sigted;	that I atjended dec	eased from
6,(b) Name of husband o				Tras	Ember 9	19 45	· Ole	7 1976
7 Milt Jolo of		6.(6	e) If allve, give age65yea	and that I last s	aw h	De	e 7	19 25
7. Birth date of deceased (mo., day, yr.	FEBRUA	RY 25.	1880		e of death			DURATION
8. AGE: Years	Months	Days	if less than one day	Immediate cans	11 Kless	ec.	***************************************	2 wes
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				-		an	6686-	
9. Birihpiace	VIRGIN	IA	tate)	Due 10	Janua			
				TOR			2 2 3	
10. Usual occupationl.			METAL CONTRAC	Due to	4 Stores	me	usur	
11. Industry or business		OR HIM	<u>ISELF</u>	-	urmen	ma CC	Market C	
質 12. Name DAN	IEL T.	SAUM	***************************************	. Other conditions	Berno	1 Jan	med / 120	-
12. Name DAN	VIRGIN	IA			XIST	dotte	ele -	
The second secon					(Include pregnancy y	thin 3 months of	death)	
14. Malden name 15. Birthplace			***************************************	Major findings	nf nperations			
≥ 15. Birthplace	VIRGI	NIA			********************************		Date of op	
16 Informani MF	MORIAL	HOSPIT	TAL	. Autopsy results	8	,		
3/(7/18)			CUMBER LAND,	MIDPHYSICIAN: P	Please underline the eans	se tn which death	should be charged	d statistically.
				22. VIOLENCE	E: If death was due to exte	ernal causes, fill in	the following;	
17. Buri (Burial, cremation,	al	Date there	eof	Accident, suicid	le, or homicide		Dale of	
(Burial, cremation,	or removal. Which	1) Crea	t Cemetery					
Cemetery or cremator					y occur?(City or			(State)
Location		umberl	and, Md.	Injured 21 home.	e, farm, industry, public p	riace (where?)		
18. Funeral director	W1111	iam H.	Kight	Meens of injury			Injured 2t work?	
		rland,	Md.		1)	/
Address			DN + I	23. SIGNATURE	Mun	ul >	w ca	19
19. (Date ree'd by reg	19 46	11.7	Corang M. D.	Address J2	Perk	ve of	Date signed	175/4
(Date ree d by reg	iotiar)		2081541	Aguita a		4		7-7-3

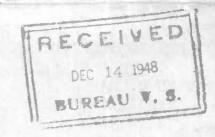
information carefully. The korrect MARGIN RESERVED FOR BINDING

UNFADING INK. Supply every item of ant. Physicians: please write the causes

especially PLAINLY, is especially

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Supply every item of information carefully. The correct age ease write the causes of death clearly and legibly.

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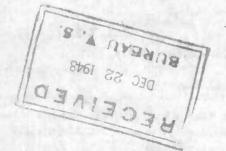
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICA	ATE OF DEATH	Reg. Diat. No.
1. PLACE OF DEATH: County Llegany	2. USUAL RESIDENCE (HOME	O) OF DECEASED:
City or town	State Maryland	berland gary
How long in above place of death? 73723 3799 Hospital institution or study address where death occurred:	Streel No. 430 Colu	imita, write RURAL and give plarest town)
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME WM. Sr. Sc.	hriver	3. (b) Social Security Number
male White Single married, widowed, or divorced	In allens	CERTIFICATION 1948 at 1159
6.(b) Name of husband or wife	December 15	
7. Birth date of deceased (mo., day, yr.) Aug 28 1875	and that I last saw h and had alive on	
8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
73 3 19 hrs.	nin.	1 - 00 - 1
9. 8irlhplace (Town, county, and state)	Due to Comment	wor John
10. Usual occupation La Arpenter	Due to Protoloiles	logenes
11. Industry or business	Other conditions	
12. Name duthony Jehrmen.	(Include pregnancy with	A
14. Malden name Brany Kerber 15. Birtholace	Major findings of operations.	
2 15. Birthplace Sumany		
16. Informant Stars Landry Wilson	Antapsy results	n which death should be charged statistically,
Address Cumkerland	22. VIOLENCE: If death was due to externa	il causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Italian Inches Colonia	Where did Injury occur? (City or to	
Location Loc	tnjured at home, farm, industry, public place Means of Injury	injured at work?
18. Funeral director	7)	1
Address TOMMERGED M	23. SIGNATURE QUE	M. D. or other
(Date rec'd by registrar)	crar Address 134 Umm	11. Date signed 1 2/17/



Reg. Dist. No 2. USUAL RESIDENCE (HOME) OF DECEASED: 3. (b) Social Security Number MEDICAL CERTIFICATION DURATION (Include pregnancy within 3 months of death) PHYSICIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: It deeth was due to externel causes, fill in the following: Injured all work?



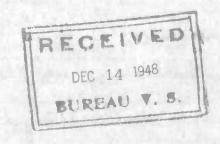
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

8. AGE: Years Months 7 2.5 It less than one day 8. AGE: Years Months 9. Birthplace	Weis	CERTIFICATE	E OF DEATH	1500	Reg. Dist. No	4
3. (a) FULL NAME 4. Set 5. Color of tack 4. Set 5. Color of tack 5. Color of tack 5. Color of tack 6. (a) Simble, married, misowed, or divorced 5. Color of tack 6. (b) Name of husband or wife 6. (c) It alive, give age 6. (c) It alive, give age 7. Birth date of deceaved (no., day, vr.) 6. (c) It alive, give age 8. AGE: Vears 70 7 2.5 It less than one day 70 8. Birthplace 10. Usual occupation 11. Industry or business 9 12. Name 11. Industry or business 9 12. Name 11. Industry or business 12. Wame 13. Birthplace 14. Address 15. Birthplace 16. (a) Simple day 17. Birth date or day 18. Industry or business 19 10 10 10 10 10 10 10 10 10 10 10 10 10	County City or town	give nearest town)	State	countyr town limit, writer town limit, writer trumb live LOC.	Allega the RURAL and give near	IJ Tent town)
Male White Surgle 5.(6) Name of husband or wife 5.(6) Name of husband or wife 8. AGE: Years Months 7. Birth date of deceased (mo. day, yr.) Hpril 15, 1878 8. AGE: Years Months 9. Birthplace Caraly County, and atate) 10. Usual occupation 11. Industry or business 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. County December of the date above stailed; that lattended deceased from the date above staile	3. (a) FULL NAME	Shaffer	J	3	(b) Social Security I	Number
T. Birth date of deceased (mo. day, yr.) 8. AGE: Years Months Days It less than one day 9. Birthplace Toylo, county, and state) 10. Usual occupation 11. Industry or business Could and Same State Stat	Male White Sur	igle'	20. DATE OF DEATH Decemen 21. I CERTIFY that death occurred o	n the dale above sta	19 48	ased from
Birthplace	7. Birth date of deceased (mo., day, yr.) Ppril 15, 1878 8. AGE: Years Months Days It less the	than one day	and that I last saw halive	on Dec		
12. Name 13. Birthplace (Include pregnancy within 3 months of death) Major findings ul uperations. Date of op. Autupsy results. PHYSICIAN: Please underline the cause to which death should be charged statistic physician, or removal Which?) Cemelery or crematory. Date thereof Date of op. (month) (day) (year) Cemelery or crematory. Date thereof Date of op. Where did injury occur? (City or town) (County) (State of the property of the place (where?) Injured at home, farm, industry, public place (where?) Magens of injury Injured at work?	1D. Usuat occupation	and Pai	Due to Ortenad Due to Ortenad	3	7.7.	
Autopsy results PHYStCIAN: Please underline the cause to which death should be charged statistic address Date thereof Department of the country of the cou	97311	, 0	(include pregnar			
Date thereof County Date thereof County	18. Interment Mary Da	so)	Autupsy results	e cause tu which	Date of opdeath should be charged	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
18. Funeral director Meene of injury Injured at work?	Cemelery or crematory	e 13, 1948 north) (day) (year) metery	Accident, suicide, or homicide Where did injury occur?(C	ity or town)	(County)	(State)
Address Cullbelland Level. 23. SIGNATURE Charle (Weesman in M. D. or other (Date rec'd by registrar) 19 45 Web Sauly. M. D. Address Cullbelland, Und Bate signed (2)	18. Funeral director	fert.			Injured at work?	or other



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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		V	
	Reg. Dist.	No.	

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF BEATH: County	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newhorn infarts give residence of mother) State
Now long to hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Wis Jessie Mc Ke	e Shipley 3. (b) Social Security Number
4. Sex Female White Married 6.(1) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day September Se	and that I last saw h
9. Birthplace Cumber land allocating and the state of the	Due to At Arthiosellrosis Out Ohio has all all all and a second
12. Name Gaward Meffer 13. Birthplace Fat ashby 1 W. 7a. 14. Malden name Margaret J. McKee 15. Birthplace Cumulelland, Md.	Other conditions
Address A 6 Cerulal David 22, 1948. 17. Burial Eremetion, or removal Which?) Date thereof (month) (day) (year)	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Location Land Land Land Land Land Land Land Lan	Where did Injury occur?
Address Counter Sprey (Na) 19 ALC 2 2 19 48 Programmer Registrar (Date rec'd by registrar)	23. SIGNATURE A CALL M. D. or other Address

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MARYLAND STATE DEPARTMENT OF HEALTH

1154	CERTIFICATE	
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_		146	5 /	TE OF DEATH	Reg. Dist. No.	
1. PLACE OF DEA	TH:		f.	2. USUAL RESIDENCE (HON	1E) OF DECEASED:	
County	Cumber	egany		State Maryland		7
City or town(1f or	itside city or town li	mits, write R	URAL and give nearest town)	. Kai	for	
How long in above place	of death?	vo weer	.3	City or town	vn limits, write RURAL and give	nearest town)
fospitat, institution, or	street address where	death occurred		Street No.	ral, give LOCATION)	
fow long in hospital or	tactitution? Two	Weeks	}	2.(a) tf veteran, name war		***************************************
3. (a) FULL NAME					3. (b) Social Securi	
s. (a) POLL NAME			ton Shock		None	,
I. Sex	5. Color or race		e, married, widowed, or divorced	MEDIC	AL CERTIFICATION	
Male	White	Wi	.dowed	20. DATE OF DEATH Decemb	er 11 19.48	3, at
6.(b) Name of husband	or wife	y Ell€	n Appold	21. I CERTIFY that death occurred on the		eceased from
7. Birth date of	Tempera		the alive, give ageye	and that I last saw halive on	P2C. 10	19.4.7.
deceased (mo., day, y 8, AGE: Years	1.7	Days	If less than one day	Immediate cause nf death		OURATION
74	10	28		n. Jungo cardial &	ailuse	3 hrs.
9. Birthpiace	Baltimore	e, Mary	land.	Due to Beneralizado	artriosclerosi s	2 7 63
10. Usuai occupation	Baltimore (Town. Iron and	eounty, and	it Worker	00		
11. Industry or busines:		Labor		Due to		
	Henry	Shock		Other conditions		
Henry Shock 13. Birthplace Baltimore, Md.					***************************************	
		Unkno	own		within 3 months of death)	
14. Maiden name. 15. Birthplace		Unkno		Major findings of operations		
≥ 1 15. Birthplace	Alte I. 7		****	Antapsy results.		
16. Informant Alta L Ryan				PHYSICIAN: Please underline the car	use tn which death shanid be char	ged statistically.
Address Keifer, Maryland.				22. VIOLENCE: If death was due to ex	ternal causes, fill in the following:	
Buris	or removal. Which?	Date the	eof. 12/14/48 (month) (day) (year)	Accident, suicide, or homicide		
Complete or crompto	Camp	Hill (emetery	Where did injury occur?(City o	r town) (County)	(State)
Gemetery or Gremato	Pav	Y Paw.	W. Va.	Injured at home, farm, industry, public		
				Manage of Injury	Injured at work?	
1B Funeral director			56		10 0	
	perkle	Sprin	igs, W. Va.	- SIGNATURE (MITTHER	+ ToulA la.	P.
Address	0		1-1-1-	23. SIGNATURE COLUMN		D. or other



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	(marila.) (111 cansi
(If outside city or town turns, while horal and give nearest town)	1110 111 7
How long In above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. 72 222
Trous	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Walter H. Sunhan	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or Sivorced	MEDICAL CERTIFICATION
Male Offite Married	20. DATE DE DEATH Z / Dec 19 49 at 3 29. M
BOOD BOOM	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	1 Dec 19 48 to 2 / Dec 19 48
7. Birth date of (1) (2) (2) (3) (2) (4) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	and that I last saw har affive on 20 Dec 19 9.8
deceased (mo., day, yr.) / Lanch / 0, / 8 &	Immediate cause of death. Useuta DURATION
0. AUC.	
66 / //nrsmln.	
9. Birthplace Islands College St.	10 Chronic rephris
10. Usual occupation. Chall Handles (Town, county, and state)	- Chronic arrabasis
. 0 1010-	Due to
11. Industry or business Cafel Will.	
12. Name Survey	Other conditions
13. Birthplace ye nauly	(include pregnancy within 3 months of death)
14. Malden name Hallen name Hallen name Hallen	Major fiadings of operations
15. 81rthplace Ges marey	Date of op.
(a) in coloring flavour att	Autopsy results. More Doul
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Hondake Hid	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof	Saccident, suicide, or homicide
Cemetery or crematory acke garry climitis	Where did injury occur?
Location Lines Altruffy And:	Injured at home, farm, Industry, public place (where?)
18. Funeral director And Cold Cold	Means of injury Injured at work?
Address Genacorbing Ma	A Druis MD
18 Ve Atten Good	23. SIDNATURE M. D. oz otkor
19. (Date rec'd by registrar) Registrar	Address Date signed 12 122/48

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UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF I			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Allegany					
City or town. 9. Laing Ave. Cumberland Md. (If outside city or town limits, write RURAL and give nearest town)			State Md. Couoty Allegany City or town Cumberland (If outside city or town limits, write RURAL and give ne		
How long in above place of death?					
		weath occurred.	Street No. 9 Laing Ave. ((frural, give LOCATION)		
			2.(a) If veteran, name war		
3. (a) FULL NA	ME		3. (b) Social Security	Number	
G3	lenn Semmo	r Sisk	705-12-77	1.3	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
	-hito	married	Dog 35	0.0 055	
male	WILLE	Married	20. DATE OF DEATH Dec. 15 to 43.		
		e Valentine Sisk	21. I CERTIFY that death occurred on the date above stated; that I attended dece		
7. Birth date of		6.(c) If allve, give age51years	and that I last saw him alload Dec. 15	194.8.	
	y, yr.) March		Immediate cause of death	DURATION	
8. AGE: Ye	Months	Oays If less than one day	Carcinoma of the stomach	9 mont	
		county, and state)	Due to		
10. Usual occupatio	Fireman		Oue to	**	
11. Industry or busing	ness B&O.R.	Ry.			
H 12 Name F	obert Sis	k d W.Va.	Other conditions Metastasis		
13 Righelace	Morefiel	d W Va			
ec	37-33-	7 - 6 5	(Include pregnancy within 3 months of death)		
岩 14. Maiden nat	ne Nellle	Coffman	Major findings of operations		
2 15. Birthplace	Morefield	W.Va.	Date of op		
to telement W	Tra Minni	Coffman W.Va.	Autopsy results		
16. Informant	ra-s	e	PHYSICIAN: Please underline the cause to which death should be charged		
Address	umberland	Md.	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Burial, cremat	ion, or removal. Which?)	Date thereof Dec. 19, 1948 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crem	atory Abe	cometery	Where did Injury occur?	(State)	
	1 1	4 W.V8.	Injured at home, farm, Industry, public place (where?)		
	John J:	1 1. 1	Maans of Injury Injured at work?		
	Julula	Drud	Beputy Medical Examiner - Alle		
^	V	1, 0 + tra	23. SIGNATURE H. V. Deming M. D. H. V. D. M. D.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
19 C. (Date rec'd by	registrar)	W-K- Olana M. N. Registrar	0 1 2 1 171	M .	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltime

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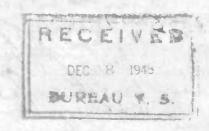
CERTIFICAT

E OF DEATH	Reg. Dist. No.
2. USUAL RESIDENCE (HOME	OF DECEASED:
State Mary Sange	County Addle Formed
City or town Hemilies	mits, write RURAL and give perfect town
X06 Mg	shart Her
Street No. (If rurol,	ve LOCATION)
2.(a) 14 veteran, name war	
lock en	3. (b) Social Security Number 705-05-8159
MEDICAL	CERTIFICATION
100. 7	- CV - 1-1
20. DATE OF DEATH.	194 L 2 2 2 1 3 47 M
21. I CERTIFY that death occurred on the date	
12/15/1/6	126/48 13
and that I had been in grand and an arrangement	Q DURATION
Immediate cause of death	The was horse
Due to.	
Myherti	mein
Due to.	
<u>.</u>	
Other conditions	
(Include pregnancy withi	2 months of death)
	n a Monthe of deathy
Major findings of operations	Date of op.
	pate of op.
Actorsy results	o which death should be charged statistically.
22. VIOLENCE: If death was due te externa	Il causes, fill in the following:
Accident, eulcide, or homicide	
Where did injury occur?(City or too	
Injured at home, farm, Industry, public place	e (where?)
Meane of Injury	Injured at work?
(/K/1/1)	11. 2010
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(If ou	tside city or town ti	min rite RU	RAL and give nea	rest town)
How long in above place o	f death?	10 G1	Que,	
Hospital, Institution, or s	1 1/1/ -		1001	. 6
α	C.Cola	alfo	Pajace	
How long to hospital or t	Institution?.	(17)	nse	***************************************
3. (a) FULL NAME	111			1
	15/1	nen	Jas	eph.
4. Sex	5. Color or race	8.(o)Single,	married, vidowed, or	divorced
Male	Affile	1//1	arrier	1.
6.(b) Name of husband o	wife Rose	Co J	pester no	S. O.J.
			If alive, give age	years
7. Birth date of deceased (mo., day, yr.	Det-13	5. 18	193	
8. AGE: Years	Months	Days	It less than one d	ay
53	- /	20	hrs.	min.
9. Birthplace	auton	, 1	hill-	
a. Dittiplace	(la (Town,	county, and at	ate)	
10. Usual occupation	Mes	fCl	A Soft	
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12. Name		101	20-11 A	
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16. Informant 770	vo El	men) Sech	all.
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Cemetery or cremator		vary	111	
Location	edy 10	2 (K)	Stille-	V
18. Funeral director	April	Ja	A Commission	Jorca
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1	15	- 10	0 4 1	- m's
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

PLEASE WRITE PLAINLY, v is especially

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MARGIN RESERVED FOR BINDING

CEDTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No
1. PLACE OF DEATH allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Manuface city or town limits, write RURY and give nearest town)	State Many Land County Alegany
How long in above place of death?	City or town
Hospital, institution, or street address where death occarried; Terrace	Street No. Str. Marya Gurace (If rural, gife LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Patrick a: Staken	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widówed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH 21. DATE OF DEATH 22. DATE OF DEATH 23. DATE OF DEATH 24. DATE OF DEATH 25. DATE OF DEATH 26. DATE OF DEATH 27. DATE OF DEATH 28. DATE OF DEATH 29. DATE OF DEATH 20. DATE OF DEATH 21. DATE
6.(b) Name of husband or wife Annual Oried.	20. DATE OF CEATH
7. Birth date of	and that I last saw hom Dead Dad 3 19.46
deceased (mo., day, yr.) 8. AGE: Years Month's Days if less than one day	Immediate cause of death
72 7 149nin.	warming
8. Birthplace & muconing and allegany Com Miles	Loue to.
10. Usual occupation	Que to.
11. Industry or business Different Son acoffing hea	ces
12. Name Latrick Staken	Other conditions
13. Birthplace Treeand 14. Maiden name Easther Caramangh	(Include pregnancy within 3 months of death)
14. Maiden name Egather Caramangh	Major findings of operations
16. Informant Drive Dunie Ried Staken	Autopsy results.
Address Lynacoping, mid	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial, cremation, or removal, Which?) Que the feet. Dec 6, 1945 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide.
Cemetery or crematory St. Maraga Cemutary	Where did injury occur? (City or tow) (State)
Location Location Location Location Location Location	Injured at home, farm, industry, public place (where?)
18. Funeral director	Deputy Medica brance - Allegany Co
Address for an engine that	23. SIGNATURE Y . V . D among M. D. or other
19. (Date rec'd by registrar) 19 4 0 Faxattet Registrar	Address

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BUREAU V. S.

Ving Orania Stud Mains

1. PLACE OF DEATH:

WRITE PLAIN

LEASE/

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

12073
Reg. Dist. No. 3014

County Allega	inv		(For newborn infants give residence of mother)	
City or town Route 36 Hgw. Corrigans ville Md. (If outside city or town limits, write RURAL and give nearest town)		Corrigansville Md.	State Md County Allegan	y
(If out	teide city or town li	mits, write RURAL and give nearest town)	City or town. Frostburg (If outside city or town limits, write RURAL and gi	
How long in above place of	f desthe I.E.W.	minutes		
Hospital, Institution, or s		gesin occurred;	Street No. 11 Washington St. (If rural, give LOCATION)	
			2.(a) It veteran, name war. W. War 1	,
	nstitution?			
3. (a) FULL NAME			3. (b) Social Seco	arily Number
wil	lliam St	ewart	220-10-	2128
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	1
Male	white	single	2D. DATE DF DEATH Dec. 7	48 .4.10P m
			21. I CERTIFY that desth occurred on the date shove stated; that I attends	
6.(b) Nams of husband of	r wife		19, to	
7. Birth date of			and that t last saw h im stDead Dec. 7	
decessed (mo., day, yr.	June 2	2 1881	Immediate cause of death	
8. AGE: Yesrs	Months	Days If less than one day	Broken neck	
67	5	15min.	Fracture of 4th. cervical	
a Rirtholece Eckl	art Min	esMd.	MX veterbrae	
1B. Usual occupation	Deputy	clerk	Due to an automobile accident.	
		ates Court.		
12. Name John R.Stewart 13. Birtholace Scotland		art	Dither conditions	
13. Birthplace	Sc	otland	(include pregnancy within 3 months of death)	
E	Vary R	Watson		
14. Malden name Mary R. Watson 15. Birthplace Scotland			Major findings of operations	
≥ 15. Birthplace	50			
16. Informant J.C	hn Stew	art,	Autopsy results	aread statistically
Address	Eck	hart. Md.		
. Paniol		Date thereof Dec. 10 148 (month) (day) (year)	22. VIOLENCE: If death was due to externst causes, fill in the following:	
			Accident, sulcide, or homicideAutoaccident of	11100000000000000000000000000000000000
Cemetery or crematory	Eckha	rt Cemetery,	Haw Roure 36 corrigans ville	
Location Eckhart, Md.			Injured at home, farm, Industry, public place (where?HgWR.OU.	
18 Funeral director. J. R. Durst,			Meses of Injury Auto & Truck Collision by Medical Examiner	? no
		rg, Md.	Deputy Medical Examiner	4
Address	· · · · ·	0000	23. SIGNATUREH. V. Deming M.D. H.V. 2	Jan Dan
10 Nec. 9	19 4 8 strar)	- Llayd Wolfe	Aumhoritana 164	M. D. of other
(Date rec'd by reci	strar)	Registrar	Address Cumberland Md . Bste s	Igned 12-8-48

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RECEIVED DEC 11 1943 BUREAU Y. S.

NFADING INK. Supply every item of information carefully. The correct age nt. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

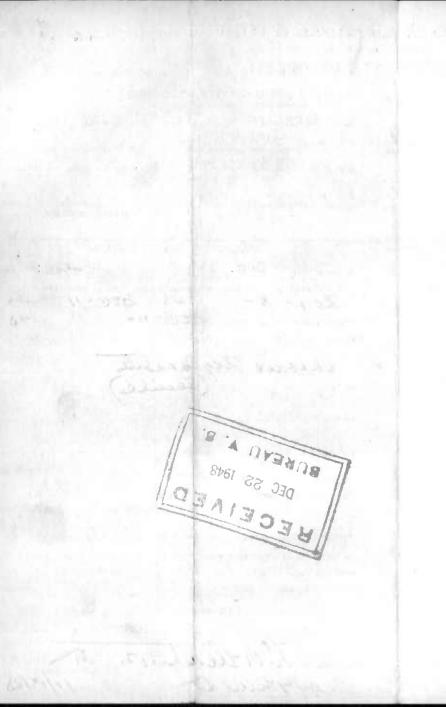
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3	12	, 10		1

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Allegany	State Maryland county Allegany		
Clity or fown. (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	603 Patterson Ave.		
603 Patterson Ave.,	Sireet No. (If rural, give LOCATION)		
How long In hospital or institution?	NI CONTRACTOR OF THE CONTRACTO		
3. (a) FULL NAME	3. (b) Social Security Number		
ANNA CRESAP STOTLER	None		
4. Sex 5. Color or race 6.(a) Singlo, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widowed	20. DATE OF DEATH Dec. 11, 18 48 , at 10:40A		
6.(b) Name of hueband or wife Floyd L. Stotler	21. I CERTIFY that death occurred on the date above etgled; that I attended deceased from "		
	7/2-1-3- 1048 10 DEP-11 1048		
Deceased	and that I last saw h Levalive on DEE-11- 1948		
deceased (mo., day, yr.) Oct. ? 1862	Immediate cause of death DURATION		
8. AGE: Yeare Months Days If leee than one day	James of Control		
86 ? ?hrsmin	Chronic Rycepalile		
Near Keyser W. Va	Due to Season		
9. Birthplace Near Keyser, W. Va. (Town, county, and state)	500 10		
10. Usual occupation Housewife	Books .		
11. industry or buelnese	UNO 10		
12. Name Charles Cresap	Dither conditions.		
12. Name. Wa Va.			
	(Include pregnancy within 3 months of death)		
14. Malden name Barbara Weirs Va. Va.	Major findings of operations		
15. Birthplace W. Va.			
16. Informant Mr. Floyd L. Statler	Antonsy results.		
Colfey Washington	PHYSICIAN: Please underline the eause to which death should be charged statistically.		
Address	22. VIOLENCE: If death was due fo external causes, fill in the following:		
17. Burial Bate thereof Dec. 14, 1948 (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, eulcide, or homicide		
Rose Hill	Where did injury occur?		
Cemetery or crematory			
Location Cumberland, M. ryland			
18. Funeral director. H. Wayne George	Meane of injury Injured at work?		
Address Cumberland, Ma.	22 SIGNATURE TO MYCLE Wheever 14		
	23. SIGNATURE M. D. or other		
19. Nec. 13, 1848 W. Sauh, M.D.	A		
(Date rec'd by registrar) Registra	Address		



LAINLY, WITH UNFADING INK. Supply every item of information carefully. The capecially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE

(Date rec'd by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

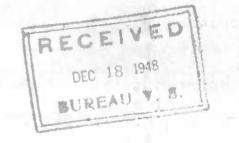
2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

Reg. Diat. No..

1. PLACE OF DEATH: County Allegany City or fown. Frostburg Md. (If outside city or fown limits, write RURAL and give nearest town) How long in above place of death? 19 hours. Hospital, institution, or street address where death occurred: Miners Hospital How long in hospital or institution? 19 hours.		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n State	write RURAL and give nea	rest town)		
3. (a) FULL NAME		Stot	t.		3. (b) Social Security none	Number
4. Sex ma.le	Michael 5. Color or race white			MEDICAL CE 20. DATE OF DEATHDec.14	RTIFICATION	1125A
7. Birth date of deceased (mo., day, yr	Dec.2-1	941	e) If alive, give ageyears	21. I CERTIFY that death occurred on the date above	:	19.4.8
8. AGE: Years	Monfhs	Days 12	if less than one dayhrsmin.	Intracranial hemor	rrhage	19 hrs.
8. BirlhplaceFrostburg Md. 10. Usual occupationstudent 11. industry or business 12. NameGodferyD.Stott 13. Birlhplace Frostburg Md.			d.	Oue to	nobile **Complete Communication** **Temur	
14. Maiden name Dorothy M.McKenzie 15. Birthplacenear Grantsville Md. 16. Informani Godfery D.Stott Address Frostburg Md. 17. Burial Bate (hereof Dec. 17 148) (Burial, cremation, or removal, Which?) Cemetery or crematory St. Anne's Cemetery, Location Avilton, Garrett Cty., Md.			emetery,	Major findings of operations		statistically.
Address	Frostbur	g, Md	Yaurey N. Rogestrar	Mesne of injury Hit by an Augusty Medical Bass 23. SIGNATUREH. V. Deming M. Address Cumberland Md.		wyll.d.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Cha	narlea St., Baltimore 131
CERTIFICA	ATE OF DEATH Reg, Diat. No
1. PLACE OF DEATH: County. Allegany	State Maryland County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town) Street No. The Bingle (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veleran, name war
3.(a) FULL NAME Mrs. Beatrice Minerva Holmes Syckes	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced female white widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH VEC 19 11 48 21 1.0
6.(b) Name of husband or wife S. Lua Syckes, Sr. 5.(c) If alive, give age yea 7. Birth date of deceased (mo., day, yr.) May 19, 1880	
8. AGE: Years Months Days It less than one day \$\\ 7 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	nin. Cerchel Hemrelinge 3
9. Birthplace Pittsburgh Pa (Town, county, and state) 10. Usual occupation Music Teacher 11. Industry or business 12. Name Josiah Holmes, 13. Birthplace England	Due to. Due to. Due to. Differ conditions Chronic Noplands Yea
14. Maiden name Sara Ann (Wilton)Holmes 15. BirthplaceHaysville, Pennsylvania	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Informant Wilton Holmes Sigkes Address 901 Braddock Road Comberland	PHYSICIAN: Please underline the cause to which death should be charged statistically
17. Burial, cremation, or regreval, Whitey (Burial, cremation, or regreval, Whitey) (month) (lay) (year) Cemetery or crematory (1997) (2007)	22. VtOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Rose Hill Mausoleum, Cumberlan 18. Funeral director John & Warford Address (25 5 2 bonty 3 to 1	Injured at home, farm, Industry, public place (where?) Msens of Injury Injured at work? 23. SIGNATURE 23. SIGNATURE
(Date rec'd by registrar) 19 4 T W.R. Malley M. Registra	Addres Plu Sulared Les Date signed 12-21



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

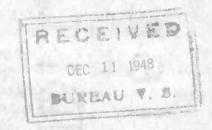
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CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For prophorn infants give residence of mother)
County	sid Oarekand Courty allegany
City or town	1-3-41
How long in above place of death? all the life	City or town
Hospital, Institution, or street address where death occurred!	Street No. 2.1 Dowery St.
2 Dowery 2	(If rural, give LOCATION)
How long to hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Richard H. Thomas	3. (b) Social Security Number 214-05-9815
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Wisowed	20. DATE OF DEATH DOC 6 1548 at 2:15 A
6.(6) Name of husband or wife. Mystele. Themas.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw have calive on LOC 5 19
deceased (mo., day, yr.) lefruary 2 1708	Immediate cause of Jeath DURATION
8. AGE: Years Months Days If less than one day 40 10 0	Circloses of fine 12 me
· Richard maconing alkgam md	Broads
9. Birthpiace (Town) county, and state)	DUE 10
10. Usual occupation Rucke drover	Due to
11. Industry or business Corporation - Investiga	
12. Name William Tromas J. 13. Birthplace Maryland	Dither conditions
Z 13. Birthplace maryland	(Include pregnancy within 3 months of death)
14. Maiden name M. Marie HAtcheson. 15. Birtholace Marylaced	
15. Birtholace Marulaced	Major findings of operations. Dafe of op.
(harris of the state of the st	
16. Informant	Autopsy results
Address Trosung 110.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burni, cremation, or removal, Which?) (Burni, cremation, or removal, Which?)	Accident, sulcide, or homicide
Cemeters or crematory allegany Consetury	Where did Injury occur? (City or town) (County) (State)
Location Trostohurg ma	Injured at home, farm, Industry, public place (where?)
(R Que att)	Msans of Injury Injured at work?
18. Funeral director	sulfame () (m)
Address Jacob Address Jacob Address Address	23. SIGNATURE M, D, or other
19. 12 - 8 19th Du Laury N. Ros	Address Frost buy My Date signed 12-7-48
(Date ice d by registrat)	HUULDES

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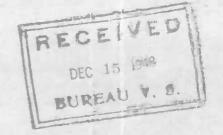
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
rural near McCoole	State Maryland County Allegany
Cily or town rural near McCoole (If outside city or town limits, write RURAL and give nearest town)	mumal man Macaala
How long in above place of death? 23 Vears	(If outside city or town limits, write RURAL and give nearest town)
R#3, Keyser, W. Va.	Streel No. R#3, Keyser, W. Va.
	(If rural, give LOCATION)
How long In hospital or instilution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
(Mrs) Emma Viola Thompson	
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white widowed	20. DATE DF DEATH Dec. 11th. 19 48 at 3.20Pm
S.(b) Name of husband or wite Charles Edward Thompson	21. I CERTIFY that death occurred on the date above etated; that 4-attended decessed from
	Dec 10 1948 to Dec 41 1948
Died Apr. 24, 1927 6.(e) If alive, give age years	and that f last saw her alive on Dec 11 1948
deceased (mo., day, yr.) Sept. 11, 1872	Immediais cause of death Cormany acclusing, 2DURATION
8. AGE: Yeare Monthe Days If lees Ihan one day	Cardio Varcular dirente "Srang
76 8 0hremin.	Jeans
9. Birihplace Wheeling W. Va. (Town, county, and state)	Due to alerio valervais 10 years
10. Usual occupation Housewife	
	Due to
11. Industry or businese	
	Other conditione
₹ 13. Birthplace Unknown	(Include pregnancy within 3 months of death)
14. Malden name Sarah Dean	Major fiadings of operations
15. Birthplace Unknown	Bate of op.
16 Informant Mrs. Estella Mae Likens	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 2415 20th St.N.E. Canton 5, Ohio	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Date thereof Dec 14 1948 (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Queenspoint (month) (day) (year)	Where did Injury occur?
Location Keyser, W.Va.	Injured al home, farm, industry, public place (where?)
18. Funeral director Rogers Funeral Home	Meane of Injury Injured at work?
Address Keyser, W. Va.	P23. SIGNATURE EX Courrie M.D. M.D. or other
	23. SIGNATURE M. D. or other
19 9cc-14 19 45 The Registrar Registrar	Address Keyser, W. Va. Date signed 2-13-48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Magazia	Los A. A. Van all Mills
(If outside city or town limits, write RURAL and give nearest town)	State Manytone County County
(If outside city or town limits, write RUKAD and give nearest town)	Cily or lown (If outside city or town limits, write RURAL and give nearest town)
low long in above place of death?	11 - Inderied
memorial Hospital	Street No
low long in hospital or institution?	2.(α) It veteran, name war
3. (a) FULL NAME	
De ace II	3. (b) Social Security Number
Jaac Jurner	ull fore
4. Sel 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Mule Studence	20. DATE OF DEATH AOLO 16 1948 21/0
(100 10 Pine Ad.	21. I CERTIFY that death occurred on the date above stated; that tailended deceased from
6.(b) Name of husband or wife.	Jan 26 1947 10 Sex 16 11
7. Sirlh date of	years
deceased (mo., day, yr.) June 5 1867	and that t tast saw h seem alive on Que 1
8. AGE: Years Months Days If tess than one day	
81 6 11	
00 0 1 1	
9. Birthplace (17g/m, county, and atate)	Due to appearable of a constant
10. Usual occupation Freman - Retised	Hypercuser armorescally
11-1	Due to Perol asses
11. Industry or business	
12. Name Colors Justille 13. Birthplace Scotland	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Insugaret Dobrow 15. Birthplace Scotland	
S 45 Sixtheless	Major findings of operations.
L. P. Stringer	Date of op.
16. Informant Joseph To Justin Coll	PHYStCIAN: Please underline the caose to which death should be charged statistically
Address Cumberland Ind.	
17 Binial Bate thereof Dec 19	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Bate thereof (month) (day) (year	
Cemelery or crematory Filleresh Cen.	Whars did injury occur?
Completely of Committee and Co	
In unasterland	Injured at home, farm, Industry, public place (where?)
Location Conference Conference	Injured at home, farm, Industry, public place (where?)
In unasterland	Injured at home, farm, Industry, public place (where?) Msans of Injury tnjured at work?
Location Conference	Means of Injury trijured at work?
Location Complexion of 18. Funeral director Arms Stems Inc	********



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

			11
Reg.	Diat.	No.	7

I. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Milton George Hrner Vanmeter 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male white single	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I altended disceased from 19
7. Birth date of deceased (mo., day, yr.) Aug. 21-1923 8. AGE: Years Months Days If less than one day 25 / 3	and that I last saw h.im_allDeaddDec3
9. BirthplaceCresaptownMd 10. Usual occupation	Due to
12. Name. Milton George Vanmeter 13. Birthplace Cresaptown Md.	of hands & forehead, laceration of scalp pack work are regulation. Major fieldings of operations. Date of op.
16. Intermant M. G. Vanmeter Address Cresaptown Md.	Autopsy results
17. Burial Date thereof Dec. 5th 1.48 (Burial, cremation, or removal, Which?) Cemetery or crematory Hillcrest Bur. Park Localion Cumberland, Md.	Accident, suicide, or homicide
18. Funeral director. Louis Stein Inc. Address Cumberland, Md. 19. LL # 19. 48 LLR Fauly M. & Registrar (Date rec'd by registrar) Registrar	23. SIGNATURE H. V. Deming M. D. H. Dang ther Address Cumberland Md. Date signed 12.3-48

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BUREAU T. S.

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Supply every item of information carefully ease write the causes of death clearly and

WITH UNFADING INK. important. Physicians: pl

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DR.W.F.WMS

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

			4
g.	Dist.	No.	

			CERTIFIC	CAT	TE OF DEATH Reg. Dist. No	
1. PLACE OF DEATH: ALLEGANY				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: MEMORIAL HOSPITAL					State MARYLAND	
How tong to hospital or			}		2.(a) It veleran, name war	
3. (a) FULL NAME		R W	DSWORTH		3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced		MEDICAL CERTIFICATION	
FEMALE	WHITE	1	MARRIED		20. DATE OF DEATH	
				years	21. I CERTIFY that death occurred on the date above stated, that I attended deceased from 19	
8. AGE: Years	Months	Days	If less than one day		All oi	
11. Industry or business 12. Name	HOUSEWI DAVIO K		Cllng,	Ym)	Due Io. Doe to. Other conditions (Include pregnance within 3 more) is of death)	
14. Maiden name 15. Birthplace	PENN.	L HOS	PITAL	_0	Autopsy results	
Address 17. Surviv. (Burial, cremation, Cemetery or cremator	MEMORIA or removal, Which?)	Date there	COUMB MD Of Note 12: 4 Commonth (day) (year	18	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Location	Kribs Tomos	ten	v Inc		Injured at home, tarm, industry, public place (where?) Means of injury Injured at work?	
Address 19 CDate rec'd by res	2 19 4 8	test.	R. Tranks.	N.D	23. SIGNATURE AND DATE SIGNATURE SIGNATUR	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartea St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

Reg. Dist. No ...

CERTIFICATE OF DEATH

State Md. county Allegany

Cumberland
(if outside city or town limits, write RURAL and give nearest town) Street No. 137 Maple St. (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated: that t attended deceased from and that I last saw h im ally Dead Dec. 12 19.48 Immediate cause of death..... Coronary occlusion at once Due to coronary sclerosis Other conditions Chronic myocarditis (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please noderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur?(City or town) Injured at home, farm, industry, public place (where?) Injured at work? Msans of Injury Wedical BEFMITE. Deputy 23. SIGNATURE H. V. Deming M. D. H. V. Deming Address Cumberland Md. Date signed 12-13-48. Registrar

age • 1. PLACE OF DEATH: County City or town (If outside city or town timits, write RURAL and give nearest town) on carefully. Hospital, Institution, or street address where death occurred: 133 Va. Ave. How long In hospital or institution? 15 munit information of death cles 3. (a) FULL NAME Tulius Vandivier Wagner
| 5. Color or race | 6.(a)Single, married, widowed, or divorced married white male 6.(b) Name of husband or wife Anna Reuschel Wagner 6.3...years 7. Birth date of deceased (mo., day, yr.) Jan. 30- 1883 It less than one day 8. AGE: 9. Birthplace Fort Ashby W. Va. (Town, county, and state) 10. Usual occupation Carman 11. Industry or business B&O . R . Ry . E 12. Name William A. Wagner
13. Birthplace Greenspring W.Va. 14. Maiden name...Etta Ward

15. Birthplace Greenspring W.Va. 14. Maiden name Rtta Ward PLAINLY (month) (dsy) (year) EASE

(Date rec'd by registrar)



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FOR BINDING

MARGIN RESERVED

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MARYLAND STATE DEPARTMENT OF HEALTH

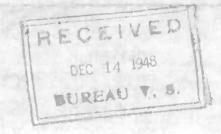
2411 N. Charles St., Baltimore

12083

CERTIFICATE OF DEATH

	Reg. Dist.	
ME) OF	DECEASED:	

	TOB. District
1. PLACE OF DEATH: ALLEGANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)
CUMBERLAND	State PENNSYLVANIA County
City or town	
How long in above place of death? 26 DAIS	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: MEMORIAL HOSPITAL	Street No. RD • #2 (If rural, give LOCATION)
How long in hospital or institution? 26 DAYS	2.(a) If yeteran name war.
3. (a) FULL NAME	3. (b) Social Security Number
ROBERT M. WALTON	S. (b) Bootal Security stands
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorce	MEDICAL CERTIFICATION
MALE WHITE SINGLE	20, DATE OF DEAGDECEMBER 10. 1948 40 P
ATAL a distant TTA cuts distant property of distances	20. DATE OF DEATH AND
6.(b) Name of husband or wife	12.10 cm 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7. Birth date of	and that I last saw h arrive on 12 - 1 D - 18 4
deceased (mo., day, yr.) FEBRUARY 26, 1893	Immediate/rause of death DURATION
8. AGE: Years Months Days If less than one day	Ca Cyclina
00 1 2 1	min. Dofowork
9. Birthplace MARYLAND Cumberland (Town, county, and state)	Due to.
Soleamen	
House Pisso Fassinment Co	THE TO THE TOTAL PROPERTY OF THE TOTAL PROPE
11. Industry of States	
12. Name. EDWARD WALTON 13. Birthplace MARYLAND Cumberland,	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name EMMA J. FREDICKS 15. Birthplace MARYLAND Cumberland,	Major findings of operations.
	Date of op.
16. Informani MEMORIAL HOSPITAL	Antopay results The Control of the PHYSICIAN: Please underline the eause to which death should be charged statistically
Address MEMORIAL AVE., CUMBERLAND, M	D. 22. VIOLENCE: If death was due to external causes, fill in the tollowing:
Burial Burial Date Ihereot Dec. 13, 1 (month) (day) (OLS Accident, sulcide, or homicide
Cemetery or crematory Rose Hill Cem.	Where did Injury occur? (City or town) (County) (State)
Location Cumberland, Md.	(City or town) (County) (State)
Location	Mashs of thiury Injured at work?
18 Funeral director. H. Wayne George	
Address Cumberland, Md.	23. SIGNATURE AF Welliamo
100 11. 1048 look brauk	M. Droe other
19 Chate rec'd by registrar) 19 10 10 10 11 11 11 11 11 11 11 11 11 11	Registrar Address Date signed 7



VITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State	rest town)
3.(a) FULL NAME	3. (b) Social Security !	
	5. (o) Social Security I	14mber
Joseph Willard Weaver 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	•
Male White Married	20. DATE OF DEATH Dec. 7	, at 7 . 5.5 P . m
6.(b) Name of husband or wife Mary O'neal Weaver	21. I CERTIFY that death occurred on the date above stated; that t attended decea	
7. Birth date of	and that I tast saw h im alive of Dead Dec . 7	
deceased (mo., day, yr.) Jan. 13-1880	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day 68 10 74hrsmin.	Diabetes mellitus	
9. Birthplace Burnsville W.Va. Logan Co. (Town, county, and state)	Due to	800000000000000000000000000000000000000
10. Usuat occupation Retired R.Ry Engineer	The to	
11. Industry or business W.Md.R.Ry.	oue to	
E 12. Name Blackburn Weaver	Other conditions	
12. Name Blackburn Weaver 13. Birthplace W. Va.		
14. Maiden name Nancy E.	(Include pregnancy within 8 months of death)	
	Major findings of aperations	
15. Birthplace	Date of op.	,
16. Informant Low Jos. M. Measter	Autopsy results	eta tiatica Na
Address Camberland		itationcauy.
17. Smide Date thereof (month) (day) (yeer)	22. VIOLENCE: It death was due to externat causes, till in the following; Accident, suicide, or homicide	
Cemetery or crematory In Patricks Bean.	Where did injury occur?	(State)
1 1 1 1	Injured at home, farm, Industry, public place (where?)	
14:10	Manne at Injury latured at work?	
18 Funeral director Amo Stem Syc.	Deputy Medical Examiner - Alleg	STA
Address Camberland	23. SIGNATUREH. V. Deming M. D. H. V. Woming	1 M.D.
10 Dec 9. 1048 Cuf tranh Ma		
(Date rec'd by registrar)	'Address Cumberland Md. Oate signed	12-8-48

